



### BULL HEALTH CERTIFICATION FORM

***This form must accompany Application Form!***

The bulls identified below will be deliver to the Test Station on:

\_\_\_\_\_ DD-MM-YYYY

**The following bulls were:**

Bull	Bull Tattoo	Weaned as recommended		Started on feed and water		Dehorned as recommended	
		Yes	No	Yes	No	Yes	No
1.		Yes	No	Yes	No	Yes	No
2.		Yes	No	Yes	No	Yes	No
3.		Yes	No	Yes	No	Yes	No
4.		Yes	No	Yes	No	Yes	No
5.		Yes	No	Yes	No	Yes	No
6.		Yes	No	Yes	No	Yes	No
7.		Yes	No	Yes	No	Yes	No

**Vaccinations:**

Blackleg, Malignant Edema, Entertoxemia: Yes      No

Name of BVD Vaccine: \_\_\_\_\_

Killed vaccine: \_\_\_\_\_

Modified live vaccine: \_\_\_\_\_

Date of Treatment: \_\_\_\_\_

Date of booster shot: \_\_\_\_\_

Entire herd currently vaccinated for BVD? Yes      No

Bulls were wormed (name of drug) \_\_\_\_\_ Yes      No

Other diseases for which these bulls were treated for in the month before coming to the Test Station: \_\_\_\_\_

Bulls were examined to ensure that two normal testicles are present: Yes      No

Bulls were visually inspected for warts Yes      No

**THE MARITIME BEEF TESTING SOCIETY WILL NOT BE RESPONSIBLE FOR DEATH LOSSES OF BULL(S) WHILE ON TEST.**

\_\_\_\_\_ Print Name

\_\_\_\_\_ Date

\_\_\_\_\_ Signature