



HEIFER HEALTH CERTIFICATION FORM

This form must accompany Application Form!

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

_____ DD-MM-YYYY

The following heifers were:

Heifer	Heifer 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

Heifers were wormed (name of drug) _____ Yes No

Other diseases for which these heifers were treated for in the month before coming to the Test Station: _____

Heifers were visually inspected for warts Yes No

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

_____ Print Name

_____ Date

_____ Signature