



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
1.		Yes	Yes	Yes
2.		Yes	Yes	Yes
3.		Yes	Yes	Yes
4.		Yes	Yes	Yes
5.		Yes	Yes	Yes
6.		Yes	Yes	Yes
7.		Yes	Yes	Yes

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