Virginia BCIA Central Bull Test Program: Pre-Test Health Record

FILL IN AND DELIVER WITH BULLS. COMPLETE ONE FORM FOR EACH CONTEMPORARY GROUP OF BULLS DELIVERED.

Consignor: _____ Test Group (circle): Culpeper Sr. Southwest Sr. or Jr.

Tattoo Numbers: _____

Weaning Date: _____

Vaccinations must be given in neck region. All vaccinations must be administered according to label directions, including boosters if required.

	Product name	Route administered	Date(s) administered	Product Serial #	Product exp. date	comments
IBR (modified live)		IM or SQ (Circle one)				
PI3 (modified live)		IM or SQ (Circle one)				
BVD (modified live, Types I & II)		IM or SQ (Circle one)				
BRSV (modified live)		IM or SQ (Circle one)				
7-way Clostridial		IM or SQ (Circle one)				
Pasteurella (with leukotoxoid)		IM or SQ (Circle one)				
Internal parasites						
External parasites						

Negative Anaplasmosis test within 30 days of delivery and negative PI BVD test (anytime) required (health certificate must reflect such).

Date tested: _____

I attest to the fact that the pre-test health and management program on these bulls has been done as indicated on this form.

Signed (owner/manager): _____