

2009 - 2010 WIU Bull Test Health Protocol Form

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ E-mail _____

	<u>Bull #1</u>	<u>Bull #2</u>	<u>Bull #3</u>	<u>Bull #4</u>
Tag No.	_____	_____	_____	_____
Registration Tattoo	_____	_____	_____	_____
Birth Date	_____	_____	_____	_____
Birth Weight	_____	_____	_____	_____
Date Weaned	_____	_____	_____	_____
Weaning Weight	_____	_____	_____	_____

Vaccinations (in addition to the Merial SureHealth program certificate):

Haemophyllis somnus (2 doses)	_____	_____	_____	_____
Leptospirosis (5-way)	_____	_____	_____	_____
Vibrio	_____	_____	_____	_____
Anaplasmosis blood test	_____	_____	_____	_____
Johne's test (see enclosed entry letter for information on the requirements for the Johne's test)	_____	_____	_____	_____

I hereby certify that the above has been performed on the bulls listed. I have examined the bull(s) and found him (them) free of infection, contagious diseases, external parasites, warts, ringworm and mange.

Veterinarian name _____

Clinic name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Signature _____ Date _____

Bring this completed form, blood test results, SureHealth certificate, and genetic defect documentation when delivering your bull.

Note: Illinois now requires out of state animals to have a permit number on the health certificate for entry into Illinois. Your veterinarian can obtain this permit number by calling the Illinois Department of Agriculture at their 24-hour number 217/782-4944.