

## 2011 - 2012 WIU Bull Test Health Protocol Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

	<b><u>Bull #1</u></b>	<b><u>Bull #2</u></b>	<b><u>Bull #3</u></b>	<b><u>Bull #4</u></b>
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.**