

Florida Bull Test 2017 Health Form

(This form must accompany bulls at delivery to the Bull Test.)



Ranch Name _____

Owner/Manger _____

Phone Numbers _____

Best time to call _____

Address _____

City _____ State _____ Zip _____

1 st Vaccination	Product I.D.	Serial #	Date Administered & by Whom
7 or 8-way Clostridium + Haemophilus Somnus			
5-way Leptospirosis*			
IBR, BVD, PI₃, BRSV*			
Pasteurella			

2 nd Vaccination	Product I.D.	Serial #	Date Administered & by Whom
7 or 8-way Clostridium + Haemophilus Somnus			
5-way Leptospirosis*			
IBR, BVD, PI₃, BRSV*			
Intranasal IBR, PI₃ (optional)			
Pasteurella			
Parasite Control			

*may be combined

Certificate of Veterinary Inspection** (Health Paper) Date _____

Brucellosis Test Date _____ or Certification Number _____ or
T.B. free state _____ (yes/no) from _____ (state of origin).

Tuberculosis Test Date _____ or Certification Number _____ or
T.B. free state _____ (yes/no) from _____ (state of origin).

I hereby certify that the above procedures were completed as outlined in the Florida Bull Test Rules for the bulls listed. I also certify that these vaccines have been administered by myself or under my supervision.

Veterinarians Signature _____ Date _____