

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: _____

Tattoo Numbers: _____

Weaning Date: _____

Brief description of post-weaning management (feed type, forage type): _____

Producers are expected to follow BQA guidelines. 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				
PI3 (modified live)		IM or SQ				
BVD (modified live, Types I & II)		IM or SQ				
BRSV (modified live)		IM or SQ				
7-way Clostridial		IM or SQ				
Pasteurella (with leukotoxoid)		IM or SQ				
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 BCIA pre-test health and management program has been followed as outlined in the BCIA Rules & Regulations, and these bulls vaccinated as indicated on this form.

Signed (owner/manager): _____