

Iowa Angus Association Bull Test VACCINATION FORM

(You are required to complete one form for each bull entered in the test)
Bring this form and health certificate with your bull to the test.

VACCINATIONS: (21 days prior to delivery)

	Serial No.	Brand	Date Treated
BVD Vaccine	_____	_____	_____
IBR Vaccine	_____	_____	_____
PI3 Vaccine	_____	_____	_____
BRSV Vaccine	_____	_____	_____
Pasteurella Vaccine	_____	_____	_____
Clostridium Chavoei, Novyi, Sordellii, Septicum	_____	_____	_____
Clostridium Perfringes (Type C&D)	_____	_____	_____
Haemmophilus Somnus	_____	_____	_____

Grubb or Lice Treatment Date: _____
Worm Treatment Date: _____

Check Bull's Scrotum for Abnormalities _____
Check Bull's Poll for Scurrs _____

I hereby certify that the above procedures have been followed and that the above bull(s) are, to the best of my judgment, free from infectious and contagious diseases (including warts, ringworm, and mange).

Veterinarian's Name (please print): _____

Address: _____

Phone: _____ Date: _____

Signature: _____