

# Florida Bull Test 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 <sup>st</sup> Vaccination	Product I.D.	Serial #	Date Administered & by Whom
<b>7 or 8-way Clostridium + <i>Haemophilus somnus</i></b>			
<b>5-way Leptospirosis*</b>			
<b>IBR, BVD, PI<sub>3</sub>, BRSV*</b>			
<b>Pasteurella</b>			

2 <sup>nd</sup> Vaccination	Product I.D.	Serial #	Date Administered & by Whom
<b>7 or 8-way Clostridium + <i>Haemophilus somnus</i></b>			
<b>5-way Leptospirosis*</b>			
<b>IBR, BVD, PI<sub>3</sub>, BRSV*</b>			
<b>Intranasal IBR, PI<sub>3</sub> (optional)</b>			
<b>Pasteurella</b>			
<b>Parasite Control</b>			

\*may be combined

**Certificate of Veterinary Inspection\*\*** (Health Paper) Date \_\_\_\_\_

**Brucellosis** Test Date \_\_\_\_\_ or Certification Number \_\_\_\_\_ or  
Brucellosis 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.

Veterinarian Signature \_\_\_\_\_ Date \_\_\_\_\_