

**FOR OFFICE USE**

LOT NO. \_\_\_\_\_

PEN NO. \_\_\_\_\_

**NORTH CAROLINA BCIP  
BULL TEST HEALTH FORM**

CONSIGNOR: \_\_\_\_\_

BREED: \_\_\_\_\_ TATTOO: \_\_\_\_\_

**HEATH PROGRAM**

CONSIGNOR-Fill in completely & deliver with bulls. Very Important!! The health of your bull is at stake.

FARM	CERTIFICATION/ ACCREDITATION NO.	DATE OF LAST TEST
Within 45 days of delivery for in-state 30 days out-of-state	Tuberculosis Brucellosis PI BVD (Negative test results must accompany bulls & accreditation numbers & dates of last test.)	_____ _____ _____

	PRODUCT	DATE
Most of these require	IBR-PI3	_____
Two injections-the	BVD	_____
Second injection	BRSV	_____
Should be given	5-way Lepto	_____
30 days before	7-way Clostridial	_____
Delivery.	Haemophilus somnus	_____
	Pasteurella Haemolytica	_____
	De-worm	_____
	Grubicide	_____

**LIVESTOCK OWNER'S CERTIFICATE**

The undersigned certifies that, to the best of his/her/its knowledge, as of the date of shipment or delivery, none of the livestock shipped to or delivered to \_\_\_\_\_ (Name of Bull Test) will be, on such date, adulterated within the Meaning of the Federal Food, Drug and cosmetic Act (i.e. none of the cattle or other ruminants will have been fed any feed containing protein derived from mammalian tissues, e.g. meat and bone meal, as that term is defined in 21 CFR 589 2000 and none of the livestock will have an illegal level of drug residues). This certificate shall remain in full force and effect until revoked in writing by the undersigned seller and such revocation is delivered to \_\_\_\_\_ (Name of Bull Test)

Date: \_\_\_\_\_

Consignor: \_\_\_\_\_  
Name (Please Print)

Witness: \_\_\_\_\_

By: \_\_\_\_\_  
Signature/Title