

North Carolina BCIP Bull Test Program: Pre-Test Health Record

Please complete one form for each contemporary group of bulls delivered.

Consignor: _____ Test Station (circle one): Waynesville Butner

Bull/Bulls Tattoo Numbers: _____

Weaning Date: _____

Vaccinations must be given in the neck region. All vaccinations must be administered according to label directions, including booster if required.

	Product Name	Route Administered	Date(s) administered	Product Serial #	Product Exp. Date	Comments
IBR (Modified Live)		IM or SQ (Circle one)				
PI3 (Modified Live)		IM or SQ (Circle one)				
BVD (Modified Live)		IM or SQ (Circle one)				
BRSV (Modified Live)		IM or SQ (Circle one)				
5-way Lepto		IM or SQ (Circle one)				
7 way Clostridial		IM or SQ (Circle one)				
Haemophilus somnus		IM or SQ (Circle one)				
Pasteurella Haemolytica		IM or SQ (Circle one)				
Internal parasites						
External parasites						

Negative test results within 45 days of delivery for PI BVD. PI BVD test date: _____

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 _____ (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 _____ (Bull Test)

Date: _____ Consignor: _____ Witness: _____ By: _____
Name (Please Print) Signature/Title