

HEALTH DELIVERY RECORD
2008-2009 Bull Test
Pennsylvania Livestock Evaluation Center Bull Test

Owner _____ Farm Name _____

Address _____ State _____ Zip _____

Email address (if available) _____

Herd History:

Does this herd routinely vaccinate for Bovine Respiratory Complex? Yes _____ No _____

I certify that to the best of my knowledge there have been no clinical signs of BVD infection, mucosal disease, or type II BVD present on the farm of origin within the past six months.

Paratuberculosis (Johne's Disease) has not been diagnosed in this herd within the past 12 months.

There have been no active cases of ringworm on this farm in the past 30 days.

Signature of Owner _____

Signature of Veterinarian _____

I hereby certify that the required examinations and procedures have been performed and that the bull described above is, to the best of my knowledge, free of infectious and contagious diseases (including warts, ringworm, mange, active pink eye, etc.), and external parasites.

Signature of Veterinarian _____ Date _____

Name of Veterinarian (printed) _____

Address of Veterinarian _____

Date blood mailed to PSU Diagnostic Lab. _____

Immunization procedures on consignment:

Product Used	Manufacturer Name And Serial # of product	Date Administered	Route of Administration
Respiratory complex			

Pasteurella

Other

OVER

Health Delivery Form Page Two

Owner

Farm

State

Weaning

Horn

Eyes

Feet & Legs

Gait

Testes

Breed

Tag

Tattoo

Ear Tag

Birthdate

Date

Status

Normal?

Normal?

Normal?

Normal?