

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
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Within 45 days of delivery	Tuberculosis	_____	_____
	Brucellosis (Negative test results must accompany bulls or list herd certification & 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