

**NORTH CAROLINA BCIP
BULL TEST HEALTH FORM**

FOR OFFICE USE

LOT NO. _____
PEN NO. _____

CONSIGNOR _____

BREED _____ TATTOO _____

HEALTH 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 30 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 two injections - the second injection should be given 30 days before delivery.	IBR-PI ₃	_____
	BVD	_____
	BRSV	_____
	5-way Leptospirosis	_____
	7-way Clostridial	_____
	<i>Haemophilus somnus</i>	_____
	<i>Pasteurella Haemolytica</i>	_____
Deworm	_____	
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

Street Address

City/State/Zip