

# ICA BULL & Heifer EVALUATION PROGRAM

## VACCINATION INFORMATION

BRING THIS SHEET WITH YOUR BULL(S)/HEIFER(S) TO THE TEST SITE

These vaccinations were given to the following bulls/heifers (list owner tags):

\_\_\_\_\_

### VACCINATION – (2 ROUNDS WITH LAST ROUND NO LATER THAN 14 DAYS BEFORE DELIVERY)

	BRAND/NAME	DATE TREATED -1	DATE TREATED-2
BVD VACCINE	_____	_____	_____
IBR VACCINE	_____	_____	_____
PI3 VACCINE	_____	_____	_____
PASTEURELLA – NEW GENERATION VACCINE	_____	_____	_____
CLOSTRIDUM CHAUVOERI, SPECTICUM	_____	_____	_____
CLOSTRIDUM PERFRINGES (TYPE C&D)	_____	_____	_____
HAEMOPHILUS SOMNUS	_____	_____	_____
BOVINE RESPIRATORY SYNCYTIAL VIRUS	_____	_____	_____

GRUB OR LICE TREATMENT – DATE: \_\_\_\_\_

WORM TREATMENT – DATE: \_\_\_\_\_

BRUCellosis TEST –DATE: \_\_\_\_\_

**(ONLY IF APPLICABLE FOR INTERSTATE TRAVEL)**

1. CHECK BULL’S SCROTUM FOR ANY ABNORMALITIES.
2. CHECK BULL’S POLL FOR SCURRS.
3. INSURE REPRODUCTIVE SOUNDNESS OF ALL BREEDING CONSIGNMENTS

Please indicate if your bull(s) or heifer(s) have been 50K genetically tested: Yes / No

I hereby certify that the above procedures have been followed and that the above bull(s)/heifer(s) are, to the best of my judgment, free from infectious and contagious diseases (including warts, ringworm and mange).

VETERINARIAN’S NAME (Please Print): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_