

IL Performance Tested Bull Sale Health Report

It is required "NOT to complete all the Treatments" but to "complete the form" for the 2011 IPT Bull Sale. This will provide a treatment record for the new owner.

Owner- _____

Farm Name- _____

Address- _____

City- _____ **State-** _____ **Zip-** _____

Phone- (_____) _____

e-mail- _____

Lot # _____ Bull's Name- _____

Breed- _____ **Registration Number-** _____

Negative BVD Persistant Infection "Ear Notch" Screening Test -- Date Tested ____ - ____ - ____

<u>Treatment</u>	<u>No</u>	<u>Yes</u>	<u>Date</u>	<u>Product used</u>
<u>BVD-IBR-PI3-BRSV</u>				
Booster				
Booster				
<u>5-Way Lepto</u>				
Booster				
Booster				
<u>7-Way Clostridial</u>				
Booster				
Booster				
<u>Pasterella Multocida</u>				
Booster				
Booster				
<u>Mannheimia Heamolytica</u>				
Booster				
Booster				
<u>Heamophilus Somnus</u>				
Booster				
Booster				
<u>Campylobacter Fetus (Vibrio)</u>				
<u>Trichomonas Foetus Protozoa</u>				
<u>Internal Parasites</u>				
<u>External Parasites</u>				