

VIRGINIA HEREFORD ASSOCIATION - BULL DEVELOPMENT PROGRAM

Pre-test Health Record

FILL IN AND DELIVER WITH BULLS. COMPLETE ONE FORM FOR EACH CONTEMPORARY GROUP OF BULLS

CONSIGNOR: _____

TATTO NUMBERS: _____

DATE WEANED _____ **Minimum 45 days prior to delivery**

	Product Name	Route Administered	Date(s) Administered	Product Serial #	Product Expiration Date	Comments
BRVS, PI3, IBR Intra-Nasal		Nasal				
IBR (Modified Live)		IM or SQ (Circle One)				
PI3 (Modified Live)		IM or SQ (Circle One)				
BVD (Modified Live) (Types I & II)		IM or SQ (Circle One)				
BRSV (Modified Live)		IM or SQ (Circle One)				
7-Way Clostridial		IM or SQ (Circle One)				
Pasteurella (With Leukotoxoid)		IM or SQ (Circle One)				
Internal Parasites						
External Parasites						

Negative Anaplasmosis test within 30 days of delivery and negative PI BVD test (anytime) recorded on CVI with dates tested.

Please add a note if there has been any health related issue with any bull.

The Pre-Test health and management program for the listed bulls has been completed as recorded on this form.

Signed (Owner/Manager) _____

Reviewed By _____ **DVM**