

**HEALTH CERTIFICATE
SOUTHERN ILLINOIS UNIVERSITY BULL TEST STATION**

Bring completed form when bull is delivered to station.

Please type or print legibly.

Owner _____ Phone No. _____

Address _____

Tattoo _____ Date Weaned _____ Weaning Weight _____

Adjusted 205-d WT according to association _____

The following must be accomplished PRIOR to delivery to the station.

The **FIRST** series of vaccinations should be accomplished 6-4 weeks prior to weaning.

<u>Vaccinations</u>	<u>Serial Number</u>	<u>Brand</u>	<u>Date Given</u>
Endovac-Beef	_____	_____	_____
IBR, BVD, PI3, BRSV	_____	_____	_____
5-way Leptospirosis Bacterin	_____	_____	_____
Hemophilus somnus	_____	_____	_____
7-way Clostridia	_____	_____	_____

The **SECOND** series of vaccinations should be accomplished 1-2 weeks prior to weaning.

<u>Vaccinations</u>	<u>Serial Number</u>	<u>Brand</u>	<u>Date Given</u>
Endovac-Beef	_____	_____	_____
IBR, BVD, PI3, BRSV	_____	_____	_____
5-way Leptospirosis Bacterin	_____	_____	_____
Hemophilus somnus	_____	_____	_____
7-way Clostridia	_____	_____	_____

It is recommended that the vaccinated bull be kept isolated from the other animals in your herd.

Procedures/Date (Please fill in blank.)

Worm Treatment _____ Method/Product _____

I hereby verify that the above procedures have been followed and that the above bull is *to the best of my judgment* free from infection and contagious diseases *including warts, ringworm, and mange* and from external parasites.

Veterinarian Signature _____ Date _____

Veterinarian's Address/Phone No. _____

Owner may give the vaccines but their veterinarian must confirm they were given