

# IBEP IMMUNIZATION FORM

(This form **must** be completed and accompany bulls to the Test Station.)

Owner \_\_\_\_\_ Breed(s) \_\_\_\_\_

Tattoo of bull(s): \_\_\_\_\_

Weaning date(s): \_\_\_\_\_

Vaccinations	Product Used	Date Given	Expiration Date	Date Booster Given (If Applicable)
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**Required:**

IBR \_\_\_\_\_

PI<sub>3</sub> \_\_\_\_\_

BVD \_\_\_\_\_

BRSV \_\_\_\_\_

Lepto (5 Strains) \_\_\_\_\_

Clostridium (7 way) \_\_\_\_\_

Haemophilus \_\_\_\_\_

Pasteurella \_\_\_\_\_

**Optional:**

Warts \_\_\_\_\_

Pinkeye \_\_\_\_\_

Intranasal \_\_\_\_\_

I hereby certify that the above procedures have been performed on the dates indicated.

Owner's Signature \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

*It is recommended that the owner keep a photocopy of the completed form.*