

2022 IBEP WINTER TEST IMMUNIZATION FORM

This form **MUST** be completed and accompany bulls to the Test Station and it is recommended that the owner keep a photocopy of the completed form.

Owner _____ Breed(s) _____

<i>Vaccinations</i>	<i>Product Used</i>	<i>Date Given</i>	<i>Expiration Date</i>	<i>Date Booster Given (If Applicable)</i>
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Required:

IBR	_____	_____	_____	_____
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PI ₃	_____	_____	_____	_____
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BVD	_____	_____	_____	_____
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BRSV	_____	_____	_____	_____
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Lepto (5 Strains)	_____	_____	_____	_____
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Clostridium (7 way)	_____	_____	_____	_____
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Haemophilus	_____	_____	_____	_____
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Pasteurella	_____	_____	_____	_____
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Optional:

Warts	_____	_____	_____	_____
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Pinkeye	_____	_____	_____	_____
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Intranasal	_____	_____	_____	_____
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Multi-Min 90°	_____	_____	_____	_____
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Other	_____	_____	_____	_____
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I hereby certify that the above procedures have been performed on the dates indicated.

Owner's Signature _____ Phone (_____) _____ Date _____

******* Enter weaning data on reverse side/page 2 of this form*******

WEANING DATA FOR BULL(S) CONSIGNED TO THE 2022 IBEP WINTER PERFORMANCE TEST

On Farm Visual ID									
Tattoo of bull(s)									
Weaning Date									
Weaning Wt.									
Adj. Weaning Wt:									
Adj. WW Ratio									
Total number of bulls in on farm Weaning Contemporary group									

(Use table below ONLY if additional columns are needed)

On Farm Visual ID									
Tattoo of bull(s)									
Weaning Date									
Weaning Wt.									
Adj. Weaning Wt:									
Adj. WW Ratio									
Total number of bulls in on farm Weaning Contemporary group									