2024 IBEP WINTER TEST IMMUNIZATION FORM

This form <u>must</u> 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)							
<u>Vaccinations</u>	Product Used	Date Given	Expiration Date	Date Booster Given (If Applicable)				
Required:								
IBR								
PI ₃				_				
BVD			_	_				
BRSV								
Lepto (5 Strains)								
Clostridium (7 way)			_	_				
Haemophilus								
Pasteurella				_				
Optional:								
Warts				_				
Pinkeye				_				
Intranasal								
Amplimune								
Other		·						
I hereby certify that the abo	ve procedures have been perform	ed on the dates indicated.						
Owner's Signature:		Phone: ()	Da	te				

***** Enter weaning data on reverse side or page 2 of this sheet*****

	Weaning data on bulls entered in the 2024 WINTER IBEP Performance Test								
Tattoo of bull(s)									
Weaning Date									
Actual Weaning Wt.									
Adj. Weaning Wt:									
Adj. WW Ratio									
No. in Weaning									
Contemporary									

	Weaning data on bulls entered in the 2024 WINTER IBEP Performance Test								
Tattoo of bull(s)									
Weaning Date									
Actual Weaning Wt.									
Adj. Weaning Wt:									
Adj. WW Ratio									
No. in Weaning									
Contemporary									