

# 2024 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 \_\_\_\_\_

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

BVD \_\_\_\_\_

BRSV \_\_\_\_\_

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

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

Haemophilus \_\_\_\_\_

Pasteurella \_\_\_\_\_

**Optional:**

Warts \_\_\_\_\_

Pinkeye \_\_\_\_\_

Intranasal \_\_\_\_\_

Amplimune \_\_\_\_\_

Other \_\_\_\_\_

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 or page 2 of this sheet\*\*\*\*\*

