2024 IBEP SUMMER 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				<u>-</u>
Amplimune®				
Other				_
I hereby certify that the abo	ve procedures have been perform	ned on the dates indicated.		
Owner's Signature:		Phone: ()	Dat	e

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

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