

# 2024 IBEP SUMMER 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 \_\_\_\_\_

