



BOVINE DONOR PRE-ENTRY DISEASE TEST CERTIFICATE
to be completed by attending veterinarian

Testing to be completed within 30 days prior to admission to ET centre

Donor's Name _____ Breed _____
 ID _____ AHB Tag _____ Secondary Tag _____
 Birth Date _____ Place of Birth _____
 Owner's Name _____ Phone _____
 Address _____

		Date	Result
EBL	ELISA	_____	_____
BVD Antigen	ELISA or PCR	_____	_____

Combined test is acceptable

Please attach laboratory results

Donor Cow Vaccination History: (dates and products where known)

Leptospirosis _____
 Clostridia _____
 BVD _____
 Salmonella _____

Bolus History

Rumensin bolus Y / N _____

Trace Element Status

Please list any treatments given in last year (dates and products where known)

Internal and external parasite treatment should also be done prior to admission.

Date of parasite treatment _____ Product _____

Health assessment: Condition _____ General _____

Declaration of farm of origin status including vaccination history in relation to the following diseases:

Tuberculosis _____ Johnes Disease _____ Leptospirosis _____

Leucosis (EBL) _____ IBR/IPV _____ BVD _____

Campylobacteriosis _____ Trichomoniasis _____

(Eg C10, accredited, not diagnosed, no clinical cases in the last year etc.)

The above animal was examined by me on _____ (date) and was found to be free of any clinical signs of disease. This animal has resided in this herd for the last six months.

If not, please advise herd of origin.

Name of veterinarian _____ Signed _____

Practice Name _____ Phone _____

Please ensure donors are kept isolated following testing

FAX directly to Jacqui Forsyth, Animal Breeding Services, 07 843 3842

Office Use Only:

ENTRY APPROVAL	
ET Centre Veterinarian:	Date: