![ABS Animal Breeding Services logo]

BULL PRE -ENTRY DISEASE TEST CERTIFICATE

Please ensure this original certificate is completed, signed and returned to Animal Breeding Services 2007 Ltd.

Bull Name		**Breed**	
Animal Health Board Tag		**EID**	
Birth Date		**Place of Birth**	
Owner's Name		**Owner's Phone No:**	
Owner's Address			

Please submit all blood samples to TESTLINK at Hamilton.

Disease	Test	Sample	Sample Date	Result
TB Approved tech/ vet only	Intradermal CF	On farm		
Leptospirosis[1]:				
L.hardjo	MAT			
L.pomona	MAT			
BVD	Antigen ELISA	Red top blood		
BVD	Antibody ELISA	Red top blood		
Johnes	ELISA	Red top blood		
EBL	ELISA	Red top blood		
IBR[2]	ELISA	Red top blood		

[1]Please ensure that the blood for Lepto serology is not taken within 30 days post-Lepto vaccination

TB and laboratory test results should be attached to this certificate.

Vaccinations / Parasite treatment

Animals should have had an annual booster vaccination within the previous 12 months. If no previous vaccination has been given, a booster is required 3 weeks after the first vaccination.

Dates of vaccination: Leptospirosis _____ Clostridial (5 in 1): _____Salmonella: _____

Internal and external parasite treatment should be given within 30 days of admission

Date of parasite treatment: _____ Product: _____

Farm disease status declaration.

1. I have checked with AssureQuality and found the farm status for TB to be clear,
2. I have checked and found the farm status for EBL to not be infected,
3. To my knowledge the farm has had no cases of Johnes disease in the past 3 years.

Ensure animals are kept isolated following testing – tests to be carried out within 30 days of entry

Date of commencement of 30 day pre-entry isolation: _____ Date of last natural service:_____

Name of Veterinarian:_____ Signature of Veterinarian:_____ _____

Practice Name:_____ Phone No._____ Date:_____

Office Use Only: ENTRY APPROVAL	
AB Centre Veterinarian:	Date: