



18035 FM 17  
Canton, TX 75103

(903) 567-4044 Phone  
(903) 567-6587 Fax

Owners Name: \_\_\_\_\_

Owners Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Bulls Name: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Breed: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Perm ID/Tattoo/Brand: \_\_\_\_\_

Has bull been blood typed: \_\_\_\_\_ USDA ID # \_\_\_\_\_

## ENTRY HEALTH REQUIREMENTS

1. Brucellosis (within 30 days of entry) BAPA, Card or CF Date: \_\_\_\_\_ Results: \_\_\_\_\_
2. Tuberculosis (within 60 days of entry) Date Injected: \_\_\_\_\_ Date Read: \_\_\_\_\_ Results: \_\_\_\_\_
3. Leptospirosis (within 30 days of entry) blood tests for 5 common serotypes Date: \_\_\_\_\_ Results: \_\_\_\_\_
4. BVDV (within 30 days of entry) antigen capture ELISA or Immunoperoxidase Date: \_\_\_\_\_ Results: \_\_\_\_\_

## GENERAL PHYSICAL EXAM

1. Does bull appear normal? \_\_\_\_\_
  2. Condition of flesh \_\_\_\_\_
  3. Temperament: \_\_\_\_\_
  4. Rectal Temperature: \_\_\_\_\_
  5. Healthy skin and hair coat? \_\_\_\_\_
  6. Evidence of enlarged lymph nodes? \_\_\_\_\_
  7. Any abnormalities of: Circulatory System \_\_\_\_\_ Respiratory System \_\_\_\_\_  
Digestive System \_\_\_\_\_ Urinary System \_\_\_\_\_  
External Genitals \_\_\_\_\_ Internal Genitalia \_\_\_\_\_  
Eyes \_\_\_\_\_ Feet & Legs \_\_\_\_\_
  8. Does bull walk and move normally? \_\_\_\_\_
  9. Is there clinical evidence of infection of feed or arthritis? \_\_\_\_\_
- Is there any evidence of internal or external parasites? \_\_\_\_\_

This bull has been inspected by an accredited veterinarian and was found to be free of symptoms of communicable diseases and of external parasites.

\_\_\_\_\_  
Signature of Examining Veterinarian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number of Veterinarian