



ANIMAL HEALTH CERTIFICATION FORM

This form must accompany Application Form!

The following animals were:

Animal	Tattoo	Weaned as recommended?		Started on feed and water?	
1.		Yes	No	Yes	No
2.		Yes	No	Yes	No
3.		Yes	No	Yes	No
4.		Yes	No	Yes	No
5.		Yes	No	Yes	No
6.		Yes	No	Yes	No
7.		Yes	No	Yes	No
8.		Yes	No	Yes	No

Vaccinations:

Blackleg, Malignant Edema, Entertoxemia, Caseous Lymphadenitis (CLA): Yes No

Name of Vaccine(s): _____

Killed vaccine(s): _____

Modified live vaccine(s): _____

Date of Treatment(s): _____

Date of booster shot(s): _____

Entire flock/herd currently vaccinated for _____

Animals were dewormed (name of drug) _____ Yes No

Other diseases for which these animals were treated for in the month before coming to the Test Station: _____

Rams were examined to ensure that two normal testicles are present: Yes No

Animals were visually inspected for warts Yes No

THE MARITIME BEEF TESTING SOCIETY WILL NOT BE RESPONSIBLE FOR DEATH LOSSES OF ANIMAL(S) WHILE ON TEST. SEE MBTS ANIMAL GUIDELINES FOR MORE INFORMATION.

Print Name

Date

Signature