



CATTLE APPLICATION FOR ENTRY

Cattle will be dropped off: Friday (Oct. 31st; before 3:30PM) Saturday (Nov. 1st)

Breeder's Name:	_____
Address: (Inc. Postal Code)	_____
Telephone Number:	_____
Email:	_____

Tattoo	_____
CCIA Identification #	_____
Breed	_____
Birth Date	_____
Birth Weight	_____
Calving Ease (circle)	U = Unassisted E = Easy Pull H = Hard Pull
Weaning Weight	_____
Weaning Date	_____
Sire's Name	_____
Sire's Tattoo	_____
Dam's Tattoo	_____
Horn (circle)	P = Polled S = Scurred H = Horned

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Birth Weight	_____
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CATTLE HEALTH CERTIFICATION FORM

This form must accompany the Application Form!

The bulls/heifers identified below will be delivered to the Test Station on: DD-MM-YYYY

The following bulls/heifers were:

Table with 5 columns: Animal, Tattoo, Weaned as recommended, Started on feed and water, Dehorned as recommended. Rows 1-7.

Vaccinations:

Blackleg, Malignant Edema, Entertoxemia: Yes No

Name of BVD Vaccine: _____

Killed vaccine: _____

Modified live vaccine: _____

Date of Treatment: _____

Date of booster shot: _____

Entire herd currently vaccinated for BVD? Yes No

Cattle were wormed (name of drug) _____ Yes No

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

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

Cattle were visually inspected for warts Yes No

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

Print Name Date Signature