

REQUIRED

HEALTH ISSUES: YES NO AGE: LESS THAN 60 DAYS MORE THAN 60 DAYS

DATE SAMPLED: _____ NO.'S: _____ TO _____

CLIENT: _____ TOTAL NUMBER OF TUBES: _____

FEEDER CALVES SALE BARN: _____ STARTED: _____ WEIGHT: _____

COW HERD TEST COWS/BULLS: _____ CALVES: _____

TOTAL NUMBER RECEIVED: _____	TESTED: _____
DATE: _____	TECH: _____
POS: _____	NEG: _____

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