



#302, 13220 St. Albert Trail  
 Edmonton AB, T5L 4W1  
 Phone: (780) 447-3276  
 Fax: (780) 732-3607

Agent: \_\_\_\_\_

## ***ALL RISK MORTALITY***

### ***Bovine Veterinary Certificate of Health***

**Examination Completed For:**  
 (Client name) \_\_\_\_\_

**Clinic/Veterinarian Information**  
 (PLEASE PRINT CLEARLY)  
 Veterinary Clinic &  
 Attending Veterinarian: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Are you the regularly attending veterinarian for this Farm or Individual:  Yes  No

Is there a current Herd Health program for this Farm or Individual:  Yes  No

How often does a veterinarian attend this farm or individual yearly:  less than 5  5 to 10  more than 10

| Sex* | Breed | Registered Name of Animal | Reg. No./Tattoo/<br>Microchip | Use | Birth Date |
|------|-------|---------------------------|-------------------------------|-----|------------|
|      |       |                           |                               |     |            |

\*Please specify Sex: Bull, Cow, Heifer, Steer

Was this animal examined:  In clinic  On farm Other: \_\_\_\_\_ **Check one only:**

Docility: 1 2 3 4 5 (1 – very quiet, 5 - wild and may charge)

Are the pulse rate, respiratory rate and temperature within a normal range:  Yes  No

Comments: \_\_\_\_\_  Yes  No

Do both eyes appear normal: \_\_\_\_\_  Yes  No

Does the coat appear normal: \_\_\_\_\_  Yes  No

Overall condition score: \_\_\_\_\_ 1 2 3 4 5 (1 – poor, 5 – fat)

Does this animal manifest any indication of lameness or faulty conformation in any of its legs/feet including long toes, explain: \_\_\_\_\_  Yes  No

Has any surgery or procedure requiring local or general anesthetic been performed on this animal?  Yes  No

If so, give details, date of surgery, recovery information and whether any likelihood of future complications to reproductive ability or general health will result from such operation: \_\_\_\_\_

Does this animal have current vaccinations for Blackleg, IBR, BVD & Heamophilus: \_\_\_\_\_  Yes  No

Comments: \_\_\_\_\_  Yes  No

In the past 12 months has this animal been treated for endo or ectoparasites (deworming): \_\_\_\_\_  Yes  No

Date and product used: \_\_\_\_\_  Yes  No

Have any cases of bloat or grain overload been treated for this herd in the last 12 months: \_\_\_\_\_  Yes  No

To your knowledge has any reportable disease been diagnosed in your county, municipality or region in the past 12 months, if so, indicate date, area and disease: \_\_\_\_\_  Yes  No

**AS REGARDS REPRODUCTION:**

**FEMALES**

Is this female animal pregnant:

If so, state expected due date:

Yes  No

Symptoms detrimental to satisfactory breeding/delivery:

Explain:

Yes  No

Has this pregnant animal been vaccinated for scours:

Date and product used:

Yes  No

Is this cow examined yearly:

Yes  No

**MALES**

Has this breeding bull been evaluated yearly:

Yes  No

Has this breeding bull been vaccinated for Foot Rot:

Date and product used:

Yes  No

Are the testicles uniform and normal?

Yes  No

Is the scrotum shape normal and correct size for age? Scrotal Circumference \_\_\_\_\_

Yes  No

Was this animal Trychomoniasis tested?

Yes  No

If Semen Evaluation was done, was there protrusion?

Yes  No

Did the penis appear normal and healthy?

Yes  No

Would he classify as a Satisfactory breeder?

If not explain:

Yes  No

I have examined the reproductive organs of the above noted animal and found them to be properly developed for the age of the animal and without abnormality.

Comments:

Yes  No

Type of Housing ie: pasture, corral (steel or wood): \_\_\_\_\_

Type of Shelter ie: open faced shed, barn, trees: \_\_\_\_\_

I found pasture, and/or corral, and/or barn to be: \_\_\_\_\_

Additional Remarks: \_\_\_\_\_

**I hereby certify that I have this date examined the above identifiable animal and have found it to be of the health condition and age stated and verified by the above questions. Except as noted above, I hereby certify this animal is in sound and healthy condition for the use stated above.**

**Veterinarian's Signature:** \_\_\_\_\_ **Date of Examination:** \_\_\_\_\_

**THIS CERTIFICATE MUST BE RECEIVED BY THIS COMPANY WITHIN 30 DAYS OF THE EXAMINATION DATE.**