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California Department of Food and Agriculture Animal Health Branch

OFFICIAL BOVINE TRICHOMONOSIS TEST REPORT FORM

cdfa

County	District	National Premises ID	State Premises ID	Lab Accession #
Alameda - Modesto	Redding			

OWNER

Name

Mailing Address

City | State CA | Zip

Physical Address of Herd

City | State CA | Zip

Phone | E-mail

VETERINARIAN

License # | State CA

Name

Clinic

Mailing Address

City | State CA | Zip

Work | Cell | Fax

E-mail

REASON FOR TEST

- ☐ Interstate Movement
- ☐ Show / Sale
- ☐ Herd Health
- ☐ Pasture to Pasture
- ☐ Affected Herd
- ☐ Exposed Herd
- ☐ Other (List below)

If exposed, list affected herd:

PREVIOUS TEST DATE(S)

1st

2nd

3rd

SAMPLE TYPE

- ☐ Bull - Preputial Wash
- ☐ Bull - Preputial Scraping
- ☐ Cow - Uterine
- ☐ Other: Aborted fetus

TEST DATE

TOTAL # SAMPLES

Bulls | Cows

ALL ELIGIBLE BULLS TESTED?

☐ Yes ☐ No

Total Bulls in Herd

Total Herd Size

PRODUCTION TYPE

☐ Beef ☐ Dairy

APPROVED LABORATORY

- ☐ Veterinarian's Approved Clinic
- ☐ CAHFS
- ☐ Other Lab

Date Received

Final Date Read

Read By

	OFFICIAL ANIMAL IDENTIFICATION	BREED	AGE	TEST RESULT(S) DIRECT (Chute-side)	CULTURE (InPouch)	CULTURE (Diamond's)	PCR	COMMENTS
1		Angus, black	18 months	N/A	Negative	N/A	N/A	
2		Angus, black	18 months	N/A	Negative	N/A	N/A	
3		Angus, black	18 months	N/A	Negative	N/A	N/A	
4		Angus, black	18 months	N/A	Negative	N/A	N/A	
5		Angus, black	18 months	N/A	Negative	N/A	N/A	
6		Angus, black	18 months	N/A	Negative	N/A	N/A	
7		Angus, black	18 months	N/A	Negative	N/A	N/A	
8		Angus, black	18 months	N/A	Negative	N/A	N/A	
9		Angus, black	18 months	N/A	Negative	N/A	N/A	
10		Angus, black	18 months	N/A	Negative	N/A	N/A	
11		Angus, black	18 months	N/A	Negative	N/A	N/A	
12		Angus, black	18 months	N/A	Negative	N/A	N/A	
13		Angus, black	18 months	N/A	Negative	N/A	N/A	
14		Angus, black	18 months	N/A	Negative	N/A	N/A	
15		Angus, black	18 months	N/A	Negative	N/A	N/A	
16		Angus, black	18 months	N/A	Negative	N/A	N/A	
17		Angus, black	18 months	N/A	Negative	N/A	N/A	
18		Angus, black	18 months	N/A	Negative	N/A	N/A	
19		Angus, black	18 months	N/A	Negative	N/A	N/A	
20		Angus, black	18 months	N/A	Negative	N/A	N/A	

I certify the animals listed above are officially identified and tested for Trichomonosis.

VETERINARIAN'S SIGNATURE | **DATE**

OWNER OR AGENT SIGNATURE | **DATE**

Return to your Animal Health Branch District Office by mail, fax or e-mail within 30 days.