

STATE OF CALIFORNIA
 BOVINE TRICHOMONOSIS TEST REPORT CONTINUATION FORM

VETERINARIAN					License #		Page		of
OWNER NAME					TEST DATE				
OFFICIAL ANIMAL IDENTIFICATION	OTHER ID	BREED	AGE	SEX	TEST RESULT(S)				COMMENTS
					CULTURE (InPouch)	CULTURE (Diamond's)	PCR		
								C	Q
1									
2									
3									
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I certify the animals listed above are officially identified and tested for Trichomonosis and that I am approved to collect samples.

VETERINARIAN'S SIGNATURE _____

DATE _____

OWNER OR AGENT SIGNATURE _____

DATE _____

Send a copy of this form to your Animal Health Branch District Office within 48 hrs if any positive, within 30 days if all negative.

Electronic version available at: http://www.cdfa.ca.gov/ahfss/Animal_Health/Trichomonosis_Info.html