

STATE OF CALIFORNIA
 OFFICIAL BOVINE TRICHOMONOSIS TEST REPORT FORM

County _____	District _____	Premises ID _____	Lab Accession # _____	TEST DATE _____	
OWNER Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Physical Address of Herd: _____ Latitude: _____ Longitude: _____ City: _____ State: _____ Zip: _____ Phone: _____ E-mail: _____			REASON FOR TEST <input type="checkbox"/> Interstate Movement <input type="checkbox"/> Show/Sale <input type="checkbox"/> Herd Health <input type="checkbox"/> Pasture to Pasture <input type="checkbox"/> Affected Herd <input type="checkbox"/> Exposed Herd <input type="checkbox"/> Stud Services <input type="checkbox"/> Other (List below) _____		TOTAL # SAMPLES Bulls _____ Cows _____ ALL ELIGIBLE BULLS TESTED? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If exposed, list affected herd: _____		PRODUCTION TYPE <input type="checkbox"/> Beef <input type="checkbox"/> Dairy
VETERINARIAN License # _____ State: _____ Name: _____ Clinic: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Fax: _____ E-mail: _____			ID TYPE USED <input type="checkbox"/> Silver Brite <input type="checkbox"/> RFID <input type="checkbox"/> Registration Tattoo <input type="checkbox"/> Registration Brand		APPROVED LABORATORY <input type="checkbox"/> CAHFS <input type="checkbox"/> Other (Lab. Name) _____
			PREVIOUS TEST DATE(S) 1st _____ 2nd _____ 3rd _____		DATE RECEIVED _____ FINAL DATE READ _____ READ BY _____
			SAMPLE TYPE <input type="checkbox"/> Bull - Preputial Scraping <input type="checkbox"/> Bull - Preputial Wash <input type="checkbox"/> Cow - Uterine <input type="checkbox"/> Other _____		

OFFICIAL ANIMAL IDENTIFICATION	OTHER ID	BREED	AGE	SEX	TEST RESULT(S)				COMMENTS
					CULTURE (InPouch)	CULTURE (Diamond's)	PCR		
							C	Q	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

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