



BULL SLAUGHTER AGREEMENT

This document identifies the responsibilities of _____ in assuring that bulls meet California's Bovine Trichomonosis Control Program requirements as listed in the California Code of Regulations, Title 3, Article 12. This agreement allows bulls untested for trichomonosis and changing ownership to be moved directly to a facility for feeding and slaughter, and is valid for 12 months from the date of signature.

Number of bulls: _____ Breed/Color: _____

Identification of bull(s): _____

Destination of bull(s): _____

City, Zip Code: _____

This agreement, while allowing this movement, does not waive any requirements for these bulls. It is the responsibility of the undersigned buyer to ensure these requirements are met.

I have initialed each of the statements below showing that I understand and agree that:

- 1. _____ The bulls will move directly to a facility for feeding and slaughter.
2. _____ The bulls will be slaughtered within seven (7) calendar days after the date of purchase.
3. _____ The bulls will not be resold.
4. _____ The bulls will not be in contact with cattle that are not moving to slaughter.
5. _____ CDFA personnel shall be permitted to inspect the destination facilities and review and copy the associated documents.
6. _____ Documents, including sales slips, bull identification, slaughter facilities used and dates slaughtered shall be maintained by the buyer for a period of five (5) years.

By signing this agreement I acknowledge that I understand my responsibilities. Failure to comply with any of the requirements of the Bovine Trichomonosis Control Program, California Code of Regulations, Title 3, Article 12, constitutes a violation punishable by a fine up to five hundred dollars (\$500) for each violation and may result in additional adverse actions. The regulations are available on line or a copy may be obtained from the Animal Health Branch http://www.cdffa.ca.gov/ahfss/Animal Health/Trichomonosis Info.html

Signed: _____ Date: _____

Printed Name: _____ Telephone Number: _____

Street Address: _____

City, State & Zip Code: _____

