

STATE OF OREGON T. FOETUS TAGGING AND **INDIVIDUAL BULL PCR** SUBMISSION FORM

| | | | |
|--|------|-------|---------|
| HERD OWNER: | LAST | FIRST | INITIAL |
| _____ ROUTE - STREET - ROAD- PO BOX | | | |
| _____ CITY STATE ZIP CODE TELEPHONE | | | |

| | |
|---|------|
| OWNER'S VIRGIN BULL STATEMENT | |
| "I CERTIFY THAT THE BULLS MARKED AS VIRGINS ON THIS FORM HAVE NOT BEEN USED FOR BREEDING PURPOSES, AND ARE 12 MONTHS OF AGE OR YOUNGER" | |
| OWNER'S SIGNATURE | DATE |
| _____ | |

COLLECTION & TAGGING DATE _____

SAMPLE HANDLING: INCUBATED: YES _____ HOURS NO

FROZEN: YES NO SHIPPED FROZEN: YES NO

-ARE THESE BULLS USED IN A COOP GRAZING PASTURE? YES ___ NO ___

-BULLS MARKED AS VIRGINS THAT ARE 12 MONTHS OF AGE OR YOUNGER MAY BE TAGGED BUT ARE NOT REQUIRED TO BE TESTED

| POUCH # | OR TRICH TAG NO. | STEEL TAG OR TATTOO ID | AGE | VIRGIN Y / N | DESCRIPTION/ BREED | LAB ACCESSION # |
|---------|------------------|------------------------|-----|--------------|--------------------|-----------------|
| 1 | | | | | | |
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| 9 | | | | | | |
| 10 | | | | | | |

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|--|--|
| VETERINARIAN COLLECTING SAMPLES | |
| PRINTED NAME _____ | |
| SIGNATURE _____ | |
| CLINIC NAME _____ | |
| PHONE/FAX _____ | |

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|---|
| COMPLETE HERD TEST OF ALL BREEDING BULLS? |
| ___ YES ___ NO |
| NO. COWS IN HERD _____ |
| NO. BULLS IN HERD _____ |

Lab Use
 Received in Lab on _____ at _____ AM/PM On ice: Yes No Temp _____ °C Tech _____

| | | |
|------------|------|--------------|
| HERD OWNER | DATE | VETERINARIAN |
|------------|------|--------------|

| POUCH # | OR TRICH TAG NO. | STEEL TAG OR TATTOO ID | AGE | VIRGIN Y / N | DESCRIPTION/ BREED | LAB ACCESSION # |
|---------|------------------|------------------------|-----|--------------|--------------------|-----------------|
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