



Oregon
Department
of Agriculture

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Animal Health Laboratory Individual T. Foetus submission form

Lab use only:

Veterinarian:			Owner:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:	Fax:		Phone:		
Reporting: <input type="checkbox"/> Email <input type="checkbox"/> Fax		Email:	Complete herd test: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Incubated: <input type="checkbox"/> Yes _____ hours <input type="checkbox"/> No			Are these bulls used in a coop grazing pasture? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Collected date:	Frozen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cows in herd:	Bulls in herd:	

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 signature:
Date:

Animal/Specimen information

#	OR Trich Tag Number	Official ID	Breed	Virgin	Age	<i>Lab use only</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Veterinarian signature:

Date:

Lab use only	In incubator at:	Cold pack	Specimen condition comments:
Date received:	On: Tech:	_____ Yes _____ No	
Rec'd/entered by:	Frozen at:	_____ Frozen	
Temperature: °C	On: Tech:	_____ Thawed	