



**Oregon**  
Department  
of Agriculture

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# Animal Health Laboratory Individual T. Foetus submission form

*Lab use only:*

<b>Veterinarian:</b>			<b>Owner:</b>		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:	Fax:		Phone:		
Reporting: <input type="checkbox"/> Email <input type="checkbox"/> Fax		Complete herd test: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Email:			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 #	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***

Date received:	Frozen on:	Tech:
Rec'd/entered by:	Cold pack <input type="checkbox"/> Yes <input type="checkbox"/> No	
Temperature: °C		

Specimen condition comments: