



Virgin Bull Tag Only Form

Herd Owner			Veterinarian		
NAME			NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE			PHONE		

Virgin Bull Statement

I certify that the bulls listed on this form have not been used for breeding purposes and are 18 months of age or younger.

OWNER SIGNATURE	DATE	VETERINARIAN SIGNATURE	DATE
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Animal Information

	TRICH ID	OFFICIAL ID	BREED	AGE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Return completed form to Oregon Department of Agriculture at 635 Capitol St., NE, Salem, OR 97301, or trich@oda.state.or.us.