

VETERINARIAN'S STATEMENT OF EXAMINATION FOR CATTLE



Producer's Name _____ Agency Code _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-mail Address _____	Applicant's Name _____ Mail Address _____ City, ST Zip _____ Phone _____ Fax _____ E-Mail Address _____
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I, _____ hereby certify that I have this _____ day of _____ examined the following animal at rest and in motion:
 (Please Print Name)

Animal Name: _____

1. How long have you been the veterinarian for the above animal? _____
2.
 - a. Do both eyes of the animal appear clinically normal without drainage? Yes No
 - b. Do the lungs and heart sounds fall within normal ranges? Yes No
 - c. Does the hair coat appear to be smooth and shiny? Yes No
 - d. Have you examined the animal without the aid of chemical restraint? Yes No
 - d. Do the feet appear to have normal growth? Yes No
 - e. Does the animal appear relaxed and free of pain in all gaits/movements observed?..... Yes No
 - f. Is herd free of Brucellosis? Yes No
 - g. Is the animal routinely wormed or vaccinated? Yes No

If "No" to any of the above, please give details. _____

3.
 - a. Does there now exist, or has there recently been any infectious disease in animals area? Yes No
 - b. Does the animal have any physical deformities, disease, or infection? Yes No
 - c. Does the animal examined show any symptom of previous sickness, disease, or injury? Yes No
 - d. Does the animal receive any other medication? Yes No
 - e. Does the animal exhibit any respiratory or circulatory distress? Yes No
 - f. Are there any signs of lameness and/or incoordination? Yes No

If "Yes", to any of the above, please give details. _____

4. Please give a brief history of any major surgery and/or treatment for disease or injury you have performed on the animal listed during the last year _____

Bulls Only: 1. Do genitals appear healthy and normal?..... <input type="checkbox"/> Y <input type="checkbox"/> N 2. Does penis and prepuce appear normal and free of any sores, infection, tumors or injury? <input type="checkbox"/> Y <input type="checkbox"/> N 3. Are testicles of normal dimension and consistency and fully distended into scrotum? <input type="checkbox"/> Y <input type="checkbox"/> N Detail any abnormal findings: _____ _____	Cows Only: 1. Is cow free of mastitis? <input type="checkbox"/> Y <input type="checkbox"/> N 2. Is the cow bred? <input type="checkbox"/> Y <input type="checkbox"/> N Est Calving Date: _____ 3. Is there any history of gestation, lactation or parturition problems? <input type="checkbox"/> Y <input type="checkbox"/> N Detail any problems or concerns: _____ _____
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 Veterinarian's Signature

 Date

 Telephone Number

Veterinarian's Address: _____

