



RAM HEALTH CERTIFICATION FORM

This form must accompany Application Form!

The rams identified below will be delivered to the Test Station on:

_____ DD-MM-YYYY

The following rams were:

Ram	Tattoo	Weaned as recommended		Started on feed and water	
		Yes	No	Yes	No
1.		Yes	No	Yes	No
2.		Yes	No	Yes	No
3.		Yes	No	Yes	No
4.		Yes	No	Yes	No
5.		Yes	No	Yes	No
6.		Yes	No	Yes	No
7.		Yes	No	Yes	No

Vaccinations:

Blackleg, Malignant Edema, Enterotoxemia, Caseous Lymphadenitis (CLA): Yes No

Name of ___ Vaccine(s): _____

Killed vaccine(s): _____

Modified live vaccine(s): _____

Date of Treatment(s): _____

Date of booster shot(s): _____

Entire flock currently vaccinated for ___? Yes No

Rams were wormed (name of drug) _____ Yes No

Other diseases for which these rams were treated for in the month before coming to the Test Station: _____

Rams were examined to ensure that two normal testicles are present: Yes No

Rams were visually inspected for warts Yes No

THE MARITIME BEEF TESTING SOCIETY WILL NOT BE RESPONSIBLE FOR DEATH LOSSES OF RAM(S) WHILE ON TEST. SEE MBTS ANIMAL GUIDELINES FOR MORE INFORMATION.

_____ Print Name

_____ Date

_____ Signature