



Oregon
Department
of Agriculture

Oregon Department of Agriculture Animal Health Laboratory

INDIVIDUAL T. FOETUS SUBMISSION FORM

Phone: (503) 986-4686
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635 Capitol St NE
Salem, OR 97301

Veterinarian:			Owner:		
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		
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: ____ / ____ / ____	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"					
Owners Signature: _____				Date: _____	

Animal/Specimen Information						
#	OR Trich Tag No.	Official ID	Breed	Virgin	Age	Lab Use Only
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Veterinarian Signature: _____ Date: _____

Lab Use Only	Shipping	Cold Pack	Specimen Condition
Date Received: _____	<input type="checkbox"/> Courier <input type="checkbox"/> Hand Delivered	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> No ID on Samples
Rec'd/Entered By: _____	<input type="checkbox"/> FedEx/UPS <input type="checkbox"/> US Mail	<input type="checkbox"/> Frozen	<input type="checkbox"/> Sample is leaking
Temperature: _____ °C	<input type="checkbox"/> Other _____	<input type="checkbox"/> Thawed	<input type="checkbox"/> Other _____