



# Herd of Origin and Herd Health Status Declaration

BOVA-TECH LTD.  
BOX 80142  
AIRDRIE, ALBERTA T4B 2V8  
TELEPHONE: (403) 332-1567  
Mobile: (403) 829-2698



Owner of Donor Cow (at the time of embryo collection):

Farm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Collection Date: \_\_\_\_\_

Donor Cow(s):

Tattoo	Registration #	Breed

I hereby certify that:

1. The donor(s) described above have spent the six months immediately to embryo collection within Canada in no more than two herds and have been a continuous resident for the 30 days prior to the embryo collection in my herd and/or at the embryo collection center of Bova-Tech Ltd.
2. I am aware of the clinical signs of enzootic bovine Leucosis (EBL) and infectious bovine rhinotracheitis/infectious pustular vulvovaginitis (IBR/IPV). There have been no animals in my herd which have showed clinical signs of EBL within the previous 3 years and furthermore no bovine animal showed clinical signs of IBR/IPV during the previous 12 months.
3. The herd is considered brucellosis and tuberculosis free and is not under quarantine.

I hereby pledge to immediately notify Bova-Tech Ltd., if any of the above or other clinical conditions are diagnosed in my herd. I authorized the veterinarian who is in charge of my Herd Health to release information on the history of the health of my herd to a representative of Bova-Tech Ltd. if required.

I hereby certify the above information to be true and correct, signed this \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (Owner, Breeder, Custodian or Agent)

### Team Veterinarian Declaration

I certified that the donor(s) described above did not present any signs of clinical disease at the time of embryo recovery, and I have no knowledge that **EBL** and/or **IBR** have been present in this herd.

Bova-Tech Ltd.

E505

Andres Arteaga, DVM

Embryo Transfer Team and IETS Code

Name of Team Veterinarian

Signature of Team Veterinarian

Date