



BULL SLAUGHTER AGREEMENT

This document identifies the responsibilities of _____ in assuring that bulls meet California's **Bovine Trichomonosis Control Program** requirements as listed in the California Code of Regulations, Title 3, Article 12. This agreement allows bulls untested for trichomonosis and changing ownership to be moved directly to a facility for feeding or slaughter, and is valid for 12 months from the date of signature.

Number of Bulls: _____ Breed/Color: _____

Official Identification of Bull(s): _____

Destination Address of Bull(s): _____
(Street, City, Zip Code)

This agreement, while allowing this movement, does not waive any requirements for these bulls. It is the responsibility of the undersigned buyer to ensure these requirements are met.

I have initialed each of the statements below showing that I understand and agree that:

1. _____ Trich-test eligible bulls will move directly to a trichomonosis approved facility for feeding and then directly to slaughter; OR
2. _____ Trich-test eligible bulls will be slaughtered within seven (7) calendar days after the date of purchase.
3. _____ Trich-test eligible bulls will only be resold directly for slaughter.
4. _____ Trich-test eligible bulls will not be in contact with cattle that are not moving to slaughter.
5. _____ CDFA personnel shall be permitted to inspect the destination facility and review and copy associated documents.
6. _____ Documents, including sales slips, bull identification, slaughter facilities used, and dates slaughtered shall be maintained by the buyer/agent for a period of five (5) years.





By signing this agreement, I acknowledge that I understand my responsibilities. Failure to comply with any of the requirements of the Bovine Trichomonosis Control Program, California Code of Regulations, Title 3, Article 12, constitutes a violation punishable by a fine up to five hundred dollars (\$500) for each violation and may result in additional adverse actions. The regulations are available online (http://www.cdfa.ca.gov/ahfss/Animal_Health/Trichomonosis_Info.html) or a copy of the regulations may be obtained by contacting the Animal Health Branch.

Buyer/Agent:

Signature: _____ Date: _____

Printed Name: _____

Phone Number: _____

Mailing Address: _____

CDFA Representative:

Signature: _____ Date: _____

Printed Name: _____

Phone Number: _____

Mailing Address: _____

