Bison Teeth Certification Form

Eastern Bison Association
10685 Buffalo Road
Greenwood, DE 19950
Ph. 302-270-1780 Fax 302-349-5324

This form must be faxed in by **January 16, 2012,** and the original form **must accompany the Health Papers** . This information is **required** to enter a 2 Year Old Bred Female, that by sale date may have 2 sets (4 teeth) of adult teeth, into the Show and Sale. Failure to provide this information will disqualify an animal from the Show and Sale. This form **MAY** also be used to certify the age of any other bison entered into the Show & Sale.
See reverse for Bison Mouthing Chart.

Owner: _____Ranch:_____

Address: _____

City: _____State: _____Zip/Postal: _____

Phone: _____Fax: _____

Examination Date: _____
(11/15/11 – 1/16/12)

Animal Name: _____

EBA Ear Tag No. (if available): _____

Ranch Ear Tag No.: _____Brucellosis Metal Test Tag No.:_____

Classification: Interpretation of data resulting from this examination would indicate, to the best of my knowledge, that:

{__} this animal is a 2 year old female and that this bison has less than two sets of fully erupted adult incisors (4 teeth) at time of examination. I understand that if there are 2 sets fully erupted this bison cannot be certified to be 2 Years old.

OR:
{__} I am certifying other than a 2 year old female and this animal is _____ years old and has only _____ fully erupted adult incisors (teeth – not sets) at time of examination.

_____ _____
Signature of Veterinarian Veterinarian name (please print)

Address:_____

City/Sate:_____Zip/Postal:_____

Phone:_____Fax:_____

Remarks:_____