



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 and slaughter, and is valid for 12 months from the date of signature.

Number of bulls: _____ Breed/Color: _____

Identification of bull(s): _____

Destination of bull(s): _____

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. _____ The bulls will move directly to a facility for feeding and slaughter.
2. _____ The bulls will be slaughtered within seven (7) calendar days after the date of purchase.
3. _____ The bulls will not be resold.
4. _____ The bulls will not be in contact with cattle that are not moving to slaughter.
5. _____ CDFA personnel shall be permitted to inspect the destination facilities and review and copy the associated documents.
6. _____ Documents, including sales slips, bull identification, slaughter facilities used and dates slaughtered shall be maintained by the buyer 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 on line or a copy may be obtained from the Animal Health Branch http://www.cdffa.ca.gov/ahfss/Animal_Health/Trichomonosis_Info.html

Signed: _____ Date: _____

Printed Name: _____ Telephone Number: _____

Street Address: _____

City, State & Zip Code: _____

