LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY
MIKE STRAIN DVM, COMMISSIONER
Animal Health & Food Safety, 5825 Florida Blvd., Suite 4000, Baton Rouge, LA 70806, (225) 925-3980, FAX (225) 237-5555

TRICHOMONIASIS REPORTING FORM

Name of Owner:			Date:
Address of Owner:			Parish:
City:		State:	Zip:
Address of animal(s) location:			Parish:
City:		State:	Zip:
Premises ID Number:			
First test? ☐ Yes ☐ No	Date of first test:		Date of second test:
How many other bulls/cows in herd?	Bulls	Cows	
Disposition of bull?	☐ retested	☐ Quarantined	☐ Consigned to Slaughter
Other Pertinent Data or Comments:			
Veterinarian:			E-Mail:
Phone:			Fax:

ID Tag	Breed	Sex	Age	Test Result

Submit this form for all animals tested
Return by FAX or E-Mail to: (225) 237-5555 or vetreports@ldaf.state.la.us