



**LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY**

OFFICE OF ANIMAL HEALTH SERVICES  
(225) 925-3980 (225) 237-5555 FAX

**Trichomoniasis**

Date: \_\_\_\_\_ 2009

Name of owner			
Address of owner			
City			
Zip			
Address of Animal(s) location			
City			
<b>Parish****</b> where animal is!!!			
Zip			
Premises ID number			
First test? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of first test:		Date of second test:
How many other bulls/cows in herd?		bulls	cows
Did any positive animal go to slaughter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Comments:			
Veterinarian		Other pertinent data:	
Phone			
FAX #			
Email			

Return by FAX or email to: Office of Animal Health Services, Veterinary Health Division  
225-237-5555 or martha@ldaf.state.la.us

Remember to send this form in **“whether animals are negative or positive”**.

