



Australian Cattle Veterinarians

A special Interest Group of the Australian Veterinary Association Ltd

ACN 008 522 852

BULLCHECK™ is provided by Accredited Members of the Australian Cattle Veterinarians



BULLCHECK™ COMPLAINT FORM

OWNER OF THE BULL DETAILS

NAME _____

ADDRESS _____

EMAIL _____ PHONE _____

VETERINARIAN & MORPHOLOGIST DETAILS

BULLCHECK™ VETERINARIAN _____

MORPHOLOGIST _____

BULL DETAILS

BULL ID _____ BULL AGE _____

BULL BREED _____

INSURER DETAILS

IS THE BULL INSURED? YES NO DOLLAR VALUE OF BULL _____

INSURANCE POLICY DETAILS _____

BULL SALE/PURCHASE DATE _____

BULL PURCHASE LOCATION _____

Please list and attach any:

- Supporting documentation with bull on purchase Pre-purchase documents Post purchase documents to support complaint Certificate of insurance

PLEASE DESCRIBE THE NATURE OF THE COMPLAINT



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COMPLAINANT SIGNATURE _____ DATE _____

NAME OF COMPLAINANT _____

EMAIL _____ PHONE _____