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STATE	ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION	FORM APPROVED OMB NO. 0579-0084
COOPERATIVE STATE - FEDERAL TUBERCULOSIS ERADICATION PROGRAM		I
TUBERCULOSIS TEST RECORD		

COUNTY	TWP	SEC	HERD OWNER'S NAME - LAST	FIRST	MI	PREVIOUS TEST DATE	VET CODE	TOTAL	REA	SUS
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HERD NUMBER	HERD OWNER'S COMPLETE ADDRESS	CERTIFICATION FOR PAYMENT <input type="checkbox"/> State/Federal Expense <input type="checkbox"/> Owner's Expense	DATE LISTED
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LESION	TEST	D-B	U	COUNTY	TOWNSHIP OR DISTRICT	SEC.	FARM NO.	I certify: That this test was made and read by me on each of the cattle identified below on the dates and with the results as entered in appropriate spaces. That when payment is claimed at program expense in accordance with agreement number below, no payment has been or will be received from any other source.
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REASON FOR TEST				COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS				SUMMARY			PRACTITIONER'S SIGNATURE			TELEPHONE NO		
AREA	1	RETEST	6	<input type="checkbox"/> YES <input type="checkbox"/> NO NO. ELIGIBLE ANIMALS IN HERD				NEGATIVE		PRACTITIONER'S NAME (Please print)			AGREE CODE			
HERD (RE) ACCREDIT	2	TRACING REG. KILL	7	KIND OF HERD				SUSPECT		INJECTION			DATE		HOUR	
MILK ORDINANCE	3	TRACING REACTORS	8	<input type="checkbox"/> DEER <input type="checkbox"/> ELK				REACTOR		OBSERVATION			DATE		HOUR	
SALE-SHOW	4	TRACING EXPOSED	9	METHOD OF TEST				TOTAL		REACTORS TAGGED AND BRANDED			AGREE CODE			
IMPORTED	5	OTHER	10	<input type="checkbox"/> CAUDAL FOLD (CFT) <input type="checkbox"/> SNG CERVICAL (CST) (Cervid)				DATE		SIGNATURE						
				<input type="checkbox"/> CATTLE <input type="checkbox"/> BISON <input type="checkbox"/> OTHER												
				<input type="checkbox"/> CERVICAL (CT) (Bovine) <input type="checkbox"/> OTHER												

1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NO.	1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NO.
					SIZE	NRS							SIZE	NRS	
1									16						
2									17						
3									18						
4									19						
5									20						
6									21						
7									22						
8									23						
9									24						
10									25						
11									26						
12									27						
13									28						
14									29						
15									30						

RT - Retag
 NA - Natural Addition
 PA - Purchased Addition

N - Negative
 S - Suspect
 R - Reactor

I hereby acknowledge receiving a copy of this record which I have examined and find correct.

DATE _____ OWNER'S SIGNATURE _____

THIS AUTHORIZATION TO TEST EXPIRES: