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USDA - APHIS - VETERINARY SERVICES

FORM APPROVED -  
OMB NO. 0579-0084

COMPARATIVE CERVICAL TUBERCULIN TEST RESULTS  BOVINE  CERVINE OR  OTHER \_\_\_\_\_

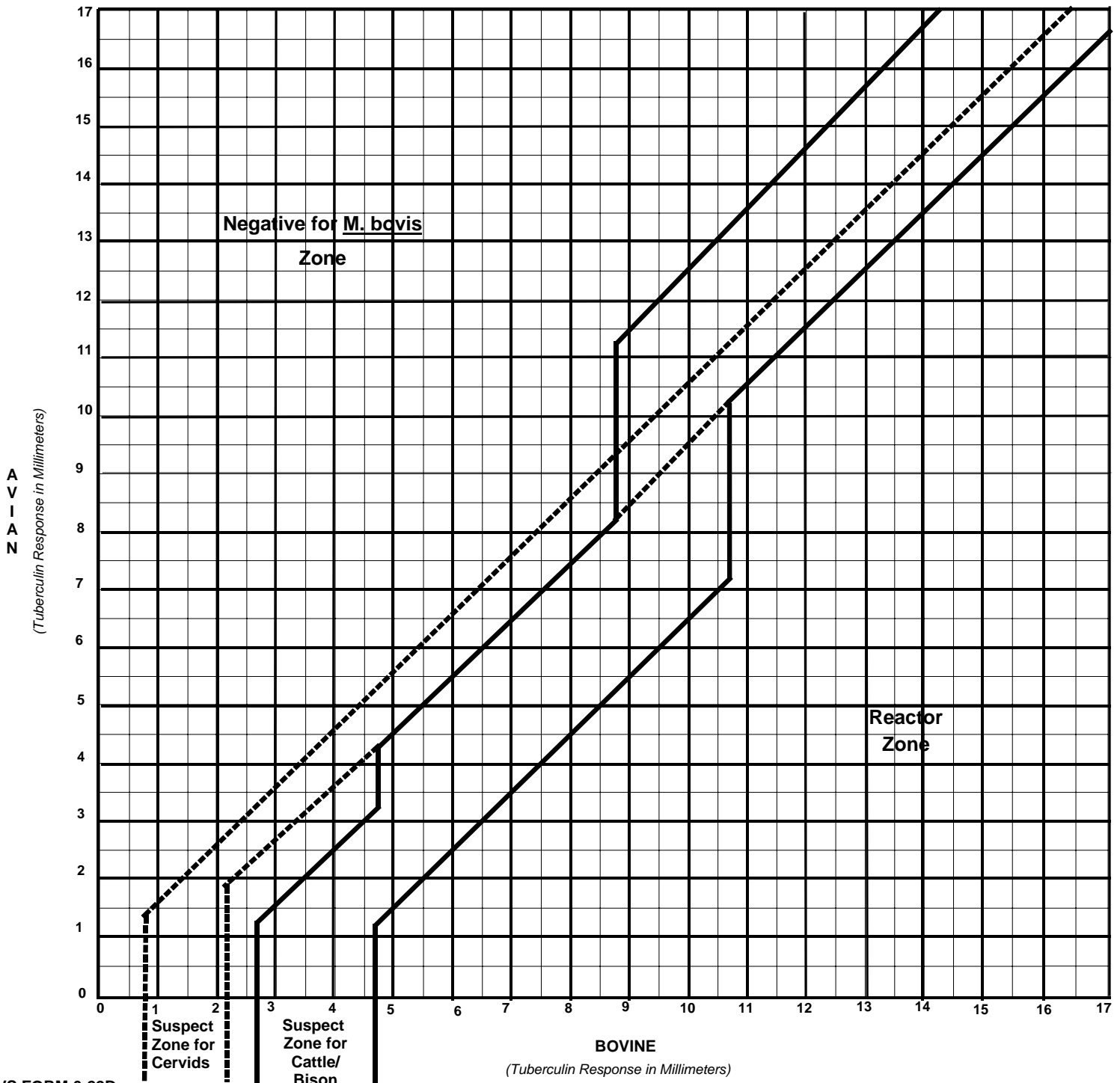
NAME OF HERD OWNER (Last, First, Middle Initial)

ADDRESS (Including Zip Code)

COMPARATIVE TEST

PRIOR CFT OR SCT

|  |                  |               |               |
|--|------------------|---------------|---------------|
| NUMBER TESTED  | DATE INJECTED    | NUMBER TESTED | DATE INJECTED |
| COMPARATIVE RETEST<br><input type="checkbox"/> 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD | OBSERVATION DATE | NEG.          | SUS. REA.     |
| NAME OF VETERINARIAN   | TITLE            | DATE          |               |



COPY DESIGNATIONS

- PART 1 - STATE - FEDERAL OFFICE**
- PART 2 - TESTING VETERINARIAN**
- PART 3 - REGIONAL EPIDEMIOLOGIST**