

**UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES**

**COOPERATIVE STATE FEDERAL JOHNE'S ERADICATION  
PROGRAM VOLUNTARY BOVINE JOHNE'S DISEASE CONTROL  
VACCINATION RECORD (CONTINUATION SHEET)**

1. STATE	2. COUNTY	3. PREMISE ID NUMBER				4. HERD OWNER'S LAST NAME	FIRST NAME			MIDDLE INITIAL	
5. IDENTIFICATION NUMBER	6. DOB	7. BREED	8. SEX	9. P/B- GRADE	10. TATTOO	IDENTIFICATION NUMBER	DOB M/D/YR	BREED	SEX	P/B- GRADE	TATTOO

11. **I certify:**  
That I have vaccinated these calves with Johne's vaccine, tattooed and eartagged or otherwise properly identified all animals listed herein as prescribed by VS memorandum 553.4, and recorded all information as prescribed by State regulations.

<b>Signature:</b>	<b>Date:</b>
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12. **I certify:**  
That the animals listed herein were vaccinated and identified for the above named owner.

<b>Signature:</b>	<b>Date:</b>
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**INSTRUCTIONS FOR THE JOHNE'S VACCINATION FORM  
CONTINUATION SHEET (VS FORM 4-27A)**

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The purpose is to outline the Voluntary Bovine Johne's Disease Control Program Vaccination report forms. The major objectives of the vaccination report are to provide uniformity in recording official calfhood vaccination. To show specific information relative to each vaccinated animal(s) in a herd and to include all pertinent information concerning the animals. In addition, to facilitate the recording of uniform statistics information so that it will be readily available for program evaluation.

These instructions for the Johne's Vaccination Record continuation, below are listed by Section within the vaccinated record.

1. Enter in with the State postal code.
2. Enter in with the County's name.
3. Premise ID number: Herd, Farm, Ranch, Dairy, or premises ID is to be recorded in this block by the States that are maintaining a master identification file.
4. Owner's name: In the top left portion of the form the herd owner's last name, first name, and middle initial, legibly written.
5. Identification Number: A unique number assigned by an animal health authority to the animal.
6. Identification Age (DOB mo/day/year): The month, day, and year the animal was born.
7. Breed: Breed of cattle.
8. Sex: M for Male and F for Female
9. P/B Grade: Mark whether the animal is purebred (P) or grade (G).
10. \* Tattoo number: The vaccination tattoo should be recorded in this space in accordance with VS Memorandum 553.4. If the animal has been previously vaccinated and the animal is being assigned a new identification number, the original vaccine tattoo should be recorded here.
11. Certification of Vaccination: Signed statement certifying that calves have been vaccinated, tattooed, and eartagged or otherwise properly identified, all animals listed prescript by the VS Memorandum 553.4 and by State regulation. The appropriate block should be checked by the testing veterinarian. All private tests (at owner's expense) should be checked in the appropriate block.
12. Certification of Owner or Witness: A witness's signature to certify that the animals listed were vaccinated and identified for the above named owner.

**The Veterinarian should transmit all records to the central office as soon as possible.**