According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is....... The time required to complete this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-XXXX

## U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES

## **ALL VACCINATIONS**

## VOLUNTARY BOVINE JOHNE'S DISEASE CONTROL PROGRAM JOHNE'S VACCINATION RECORD

1. STATE				2. COUNTY	1	3. PREMISE II	D NUMBER	
4. KIND OF HERD DAIRY MIXED						BEEF		
5. OWNER: LAST						FIRST	M.	INITIAL
ROUTE-STRI	EET-ROAD							
CITY						STATE	ZIP CODE	
6. GPS LOCATION RGE						TWP	SEC	
7. VACCINE USED							EXPIRATION	DATE
8. SERIAL NUMBER						DOSAGE	VACCINATION TATTOO	
Identification Number	DOB	Breed	Sex	P/B-Grade	"Tattoo"	10. REMARKS:		
						-		
						_		
						11. Certification of Vaccinat		
						Federal Employee Fee Basis (Federal) State/County Private (owner's expense)		
				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.				
						Signature		Date
						12. Certification of Owner of	r Witness:	
						I certify that the animals listed named owner.	herein were vaccinated and identified for t	he above
						Signature		Date
						13. Certification for Re-esta	blishing:	
							eviously vaccinated in appropriate column	
						I certify that I have personall official tattoo (s), and have r	ly examined the animal(s) noted herein, etagged them as shown.	have read the
						Signature		Date

## INSTRUCTIONS FOR THE JOHNE'S VACCINATION FORM

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, 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. Kind of Herd: This space is provided to show on the charts whether the herd is of dairy, beef, or mixed breeds.
- Owner's Name and Address: In the top center portion of the form the herd owner's last name, first name, middle initial, and complete mailing address should be printed or legibly written.
- 6. Premises Global Position System (GPS) coordinates: Range, Township, Section, and the Global Positioning System (GPS.)
- A. GPS Coordinates: Spaces are provided in the upper left hand section of the form underneath the name and address of the premises. A GPS coordinate helps to determine the latitude and longitude of the location.
- Vaccine: Spaces are provided in the middle of the form to record the name of the company producing the vaccine, and the expiration date of the vaccine used.
- 8. Serial Number: Spaces are provided in the middle of the form to record the serial number and the dosage that was administered to the animal(s).
- Identification Number, Identification Age, Breed, Sex, P/B/ Grade, \*Tattoo number: This section is located in the lower left hand section of the form which is reserved for Remarks, Identification Number, Age, Breed, P/B Grade, and Tattoo.

Identification Number: A unique number assigned by an animal health authority to the animal.

(DOB(mm/dd/yy)): The month, day, and year the animal was born.

Breed: Breed of cattle

Sex: M for Male or F for Female

P/B-Grade: Mark whether the animal is purebred (P) or grade (G).

Tattoo: 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.

- 10. Remarks: This section is located in the middle of the right hand side of the form. It provides additional comments .
- 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.
- 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.
- 13. Reestablish Vaccination Status: The lower right-hand section of the form is reserved for the reestablishment of vaccination status for animals that have been retagged. This line is to be signed if the purpose of the visit is to reestablish animal identification and vaccination status.

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