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

CONTINUATION SHEET FOR  
UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name)  
16. CONSIGNEE'S NAME

NEGATIVE TUBERCULIN READING  
48 HRS.  72 HRS.

17. FARM ORIGIN  
Owner's name (Last name, two initials, or business name)  
Owner's street address  
Owner's city/town, state code & zip code

18. INDIVIDUAL IDENTIFICATION  
ID NO. OR DESCRIPTION  
A  
AGE B  
SEX C  
BREED D  
DATE E  
F

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS  
DISEASE  
TYPE TEST

DATE DATE DATE DATE  
H I J K L M N O

DATE VAC. 1/25 1/50 1/100  
H I J K L

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