This form is used to report the number of animals tested; suspicious and reactor animals; and calves vaccinated (9 CFR 51 and 78). This is done to determine progress in the program and/or deficiencies in the States.

See Reverse for OMB Statement.

OMB APPROVED 0579-0047 **EXP.** 00/00/0000

## MONTHLY REPORT OF BRUCELLOSIS **PROGRAM ACTIVITIES**

STATE NAME STATE / AREA CLASS MONTH AND YEAR

		520		LOOD TES			ENSE						
DEACON FOR TEST	HERD	VS Employee		VS Fee	Basis		mployee	State Fee Basis		Owner		Total 1	rested
REASON FOR TEST	TYPE	Herds A	Cattle B	Herds C	Cattle D	Herds E	Cattle F	Herds G	Cattle H	Herds	Cattle J	Herds K	Cattle
	Dairy	_ A	ь		ע		F	- 6			J	Ι.	L
1. Slaughter Reactor	Other												
	Dairy												
2. Stockyard Reactor	Other												
Suspect Milk Ring	Dairy												
Test	Other												
4. Diagnostic	Dairy												
Investigation	Other												
F. Drivete Teet	Dairy												
5. Private Test	Other												
6 Hard Cartification	Dairy												
6. Herd Certification	Other												
7. Interstate Movement	Dairy												
Quar. and Retest	Other												
8. Area Test	Dairy												
o. Alea Test	Other												
9. Epidemiological	Dairy												
Investigation	Other												
10. Other (explain)	Dairy												
10. Other (explain)	Other												
11. Field MCI Reactor	Dairy												
12. 1 fold in 0. 1 todato.	Other												
12. Retest Suspects or	Dairy												
Reactors	Other												
13. Adjacent Herd Test	Dairy												
	Other												
14. Retest of Reactor	Dairy												
Herds	Other												
15. Total on farm Tests	Dairy												
	Other												
	TOTAL				_								
	1	T	SECTIO	N B – SUMI	MARY OF C		ID CATTLE ENSE	VACCINAT	ΓED			T01	
TYPE OF	Herd	VS Fm	ployee	VS For	Basis		mployee	State F	ee Basis	Ow	ner	TO1 VACCII	
VACCINATION	Туре	Herds	Cattle	Herds	Cattle	Herds	Cattle	Herds	Cattle	Herds	Cattle	Herds	Cattle
		Α	В	С	D	E	F	G	Н	1	J	K	L

	Herd Type	EXPENSE											ΓAL
TYPE OF		VS Employee		VS Fee Basis		State Employee		State Fee Basis		Owner		VACCINATED	
VACCINATION		Herds A	Cattle B	Herds C	Cattle D	Herds E	Cattle F	Herds G	Cattle H	Herds I	Cattle J	Herds K	Cattle L
16. Calfhood Vac-	Dairy												
cination on Farm	Other												
17. Other Calfhood	Dairy												
Vaccination	Other												
18. Whole Herd	Dairy												
Vaccination	Other												

SECTION C – SUMMARY OF HERDS PENDING TEST OR RETEST																	
		R	Reactor Herds Pending Retest					MCI Reactor Herds Pending Test				BRT Suspicious Herds			Other Herds		
HERD TYPE	AND	Days since last test				Tatal	Days since MCI Reactor				Days since BRT Test			Days since listed			
VACCINATION STATUS		0 to 60 A	61 to 120 B	121 to 180 C	Over 180 D	Total E	0 to 60 F	61 to 120 G	121 to 180 H	Over 180 I	0 to 30 J	31 to 60 K	Over 60 L	0 to 60 M	61 to 180 N	Over 180 O	
19. Vaccinated	Dairy																
19. Vaccinateu	Other																
20. Not	Dairy																
Vaccinated	Other																
21. TOTAL	Dairy													·			
	Other																

According to the Paperwork Reduction Act of 1995, an agency may not consider or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0579-0047. The time required to complete this information collection is estimated to average 4 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.

SECTION D – SUMMARY OF BRUCELLOSIS CERTIFIED FREE CATTLE HERDS												
22. New Herds Certified Free 23. Cattle Herds Recertified								24. Total (	Certified-Fr			
This Mon	th		Thi	s Month					Herds at E			
			CECTION E MON	TH V DEDOE	L OCIC DE A	OTOD LIEDDS	of Moi	nth				
			SECTION E - MON				JOR HERDS	NSIAIE		1		
Herd ID	Herd	C: Herd N	ame (Last, First, I (initial))	F: County wh	ere herd is locate	d		Total	Total	Number	Date of	Quar
Number Type	Type					Initial or	No. MCI	Eligible	Animals	of	Previous	1
A:	B:	D: City	E: ZIP Code	Expense	Reason	Retest	Reactors	Animals	Tested	Reactors	Reactors	Vacc.
		C:		G: F:	H:	l:	J:	K:	L:	M:	N:	O:
		D:	E:	G:	H:	l:	J:	1				
		C:		F:	1							
		D:	E:	G:	H:	l:	J:					
		C:		F:								
		D:	E:	G:	H:	l:	J:					
		C: D:	E:	F: G:	H:	1:	J:	1				
		C:	<u> </u>	F:	111.	1.	J.	_				-
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		C:		F:								
		D:	E:	G:	H:	l:	J:					
		C:		F:	1	1.	-	4				
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		D:	E:	G:	H:	l:	J:	1				
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		C:	<u>L.</u>	F:	1 11.	1 "	0.	_				
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		C:		F:								
		D:	E:	G:	H:	l:	J:	1		ļ.,		
	T	OTALS (C	arry total forward from suppler	nental pages i	if used)		J:	K:	L:	M:		
							Number:		tol Hords	l vith	Number:	
re	actors dui	ring the pa	s Found this Month (Do not co st 18 months or herds retested	นาน nerus เกลเ because of p	παυ μιενίους revious reactor	rs)	rannoci.		tal Herds v ctors this M		rannoci.	
SIGNATURE		3 - P			TITLE	•				DAT	E	
				1						1		