

According to the Paperwork Reduction Act of 1995, an agency may not conduct 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 information collection is 0579-0047. The time required to complete this information collection is estimated to average .083 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.

**OMB Approved**  
0579-0047

STATE		<b>ALL VACCINATIONS MUST BE PROMPTLY REPORTED</b>										<b>U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES</b>						
COUNTY	CODE	<b>COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM BRUCELLOSIS VACCINATION RECORD</b>																
HERD NUMBER		HERD OWNER LAST			FIRST			INITIAL			VACCINE USED			EXPIRATION DATE				
OWNER NUMBER		ROUTE-STREET-ROAD										SERIAL NUMBER		DOSAGE <input type="checkbox"/> FULL <input type="checkbox"/> REDUCED		VACC. TATTOO		
KIND OF HERD <input type="checkbox"/> DAIRY <input type="checkbox"/> BEEF  <input type="checkbox"/> MIXED		POST OFFICE			STATE			ZIP CODE				<b>CERTIFICATION FOR PAYMENT</b>						
REMARKS		WBBS	CV	AV	RGE	TWP	SEC	DISTRICT	FARM UNIT			<input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> FEE BASIS (Federal) <input type="checkbox"/> STATE COUNTY <input type="checkbox"/> PRIVATE (Owner's Expense)						
			<input type="checkbox"/>	<input type="checkbox"/>								I CERTIFY THAT: (1) I have vaccinated with Strain 19, tattooed and eartagged or otherwise properly identified all animals listed hereon as prescribed by the Brucellosis UM and R, and recorded all information as prescribed by State regulations; (2) when payment is claimed at program expense in accordance with agreement number below no payment has been or will be received from any other source.						
NO.	IDENTIFICATION NUMBER	AGE (MO/YR.)	BREED	SEX	P/B-GRADE	* TATTOO					Signature							Date of Vaccination
1.																		
2.																		
3.																		
4.											<b>CERTIFICATION OF OWNER OR WITNESS</b>							
5.											I CERTIFY THAT the animals listed hereon were vaccinated and identified for the above named owner.							
6.											Signature		Date					
7.											<b>CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS</b>							
8.											* <input type="checkbox"/> indicate tattoo of animals previously vaccinated in appropriate column. I CERTIFY THAT I have personally examined the animal(s) noted hereon, and have read the official tattoo(s) and have retagged them as shown.							
											Signature		Date					

## **COPY DESIGNATIONS**

PART 1 – OFFICE

PART 2 – OFFICE

PART 3 – OWNER

PART 4 – VETERINARIAN