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**OMB Approved**  
0579-0047

STATE		<b>ALL VACCINATIONS MUST BE PROMPTLY REPORTED</b>										U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES			
COUNTY	CODE	<b>COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM</b>													
		<b>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)					
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	Agree. Code	
1.															
2.															
3.															
I CERTIFY THAT the animals listed hereon were vaccinated and identified for the above named owner.															
4.										Signature			Date		
5.															
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.															
6.										Signature			Date		
7.															
8.															

## **COPY DESIGNATIONS**

PART 1 – OFFICE

PART 2 – OFFICE

PART 3 – OWNER

PART 4 – VETERINARIAN