

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

TUBERCULIN TEST RECORD (*Special*)

HERD OWNER – LAST NAME FIRST NAME MIDDLE INITIAL				REASON FOR CFT OR SCT		DATE INFECTED				CFT OR SCT TEST		
				AREA 1.	HERD RETEST 6.	CFT OR SCT	COMPARTIVE CERVICAL			COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS <input type="checkbox"/> YES <input type="checkbox"/> NO	NO. OF ELIGIBLE ANIMALS IN HERD	
ROUTE – STREET – ROAD				HERD(RE) ACCREDITATION. 2.	TRACING REG. KILL 7.	RETEST OF CFT/SCT SUSPECTS <input type="checkbox"/> YES <input type="checkbox"/> NO			IF NO COMPARATIVE RETEST <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd			
				MILK ORDINANCE 3.	TRACING REACTORS 8.	CC TEST RESULTS				KIND OF HERD <input type="checkbox"/> CATTLE <input type="checkbox"/> BISON <input type="checkbox"/> OTHER <input type="checkbox"/> DEER <input type="checkbox"/> ELK		
POST OFFICE STATE (Including ZIP Code)				SALE – SHOW 4.	TRACING EXPOSED 9.	NEG	SUS	REA	TOTAL	LOCATION OF CC TEST <input type="checkbox"/> RIGHT SIDE OF NECK <input type="checkbox"/> LEFT SIDE OF NECK		
COUNTY	TOWNSHIP	SECTION	HERD NO.	IMPORTED 5.	OTHER 10.	TUBERCULIN	SERIAL NO.	LICENSE NO.				
						AVIAN						
						MAMMALIAN						

ANIMAL NUMBER	OFFICIAL IDENTIFICATION NUMBER	OTHER IDENTIFICATION	AGE	BREED	SEX	AVIAN PPD (UPPER)			BOVINE PPD (LOWER)			PREVIOUS CFT OR SCT RESPONSE	CLASSIFI - CATION (CC TEST) (N S R)	REACTOR TAG NUMBER	REMARKS	
						SKIN THICKNESS		Mill-Meters	SKIN THICKNESS		Mill-Meters					
						Milli-Meters Normal	Milli-Meters 72 Hours	Increase	Milli-Meters Normal	Milli-Meters 72 Hours	Increase					
1																
2																
3																
4																
5																
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11																
12																
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SIGNATURE	TITLE	DATE
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