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ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION

COOPERATIVE STATE - FEDERAL TUBERCULOSIS ERADICATION PROGRAM

TUBERCULOSIS TEST RECORD

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COUNTY	TWP	SEC	HERD OWNER'S NAME - LAST	FIRST	MI	PREVIOUS TEST DATE	VET CODE	TOTAL	REA	SUS
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HERD NUMBER	HERD OWNER'S COMPLETE ADDRESS	CERTIFICATION FOR PAYMENT <input type="checkbox"/> State/Federal Expense <input type="checkbox"/> Owner's Expense	DATE LISTED
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LESION	TEST	D-B	U
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COUNTY	TOWNSHIP OR DISTRICT	SEC.	FARM NO.
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REASON FOR TEST		COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS		SUMMARY		PRACTITIONER'S SIGNATURE		TELEPHONE NO	
AREA	1	RETEST	6	<input type="checkbox"/> YES <input type="checkbox"/> NO NO. ELIGIBLE ANIMALS IN HERD		NEGATIVE	PRACTITIONER'S NAME <i>(Please print)</i>		AGREE CODE
HERD (RE) ACCREDIT	2	TRACING REG. KILL	7	KIND OF HERD		SUSPECT			
MILK ORDINANCE	3	TRACING REACTORS	8	<input type="checkbox"/> DEER <input type="checkbox"/> ELK <input type="checkbox"/> CATTLE <input type="checkbox"/> BISON <input type="checkbox"/> OTHER		REACTOR	INJECTION	DATE	HOUR
SALE-SHOW	4	TRACING EXPOSED	9	METHOD OF TEST		TOTAL	OBSERVATION	DATE	HOUR
IMPORTED	5	OTHER	10	<input type="checkbox"/> CAUDAL FOLD (CFT) <input type="checkbox"/> SNG CERVICAL (CST) (Cervid) <input type="checkbox"/> CERVICAL (CT) (Bovine) <input type="checkbox"/> OTHER		REACTORS TAGGED AND BRANDED DATE _____ SIGNATURE _____		AGREE CODE	

1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NO.	1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NO.
					SIZE	NRS							SIZE	NRS	
1								16							
2								17							
3								18							
4								19							
5								20							
6								21							
7								22							
8								23							
9								24							
10								25							
11								26							
12								27							
13								28							
14								29							
15								30							

RT - Retag
NA - Natural Addition
PA - Purchased Addition

N - Negative
S - Suspect
R - Reactor

I hereby acknowledge receiving a copy of this record which I have examined and find correct.

DATE	OWNER'S SIGNATURE
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THIS AUTHORIZATION TO TEST EXPIRES: