

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

ALL VACCINATIONS

VOLUNTARY BOVINE JOHNE'S DISEASE CONTROL PROGRAM
JOHNE'S VACCINATION RECORD

1. STATE:	2. COUNTY:	3. PREMISE ID NUMBER:
-----------	------------	-----------------------

4. KIND OF HERD DAIRY MIXED BEEF

5. OWNER : LAST FIRST M. INITIAL

ROUTE-STREET-ROAD

CITY: STATE: ZIP CODE:

6. GPS LOCATION: RGE: TWP: SEC:

7. VACCINE USED: EXPIRATION DATE:

8. SERIAL NUMBER:	DOSAGE:	VACCINATION TATTOO:
-------------------	---------	---------------------

9. Identification Number	DOB	Breed	Sex	P/B-Gra	"Tattoo"	10. REMARKS:
						<p>11. Certification of Vaccination:</p> <p><input type="checkbox"/> Federal Employee <input type="checkbox"/> Fee Basis (<i>Federal</i>) <input type="checkbox"/> State/County <input type="checkbox"/> Private Owner's Expense</p> <p>I certify that I have vaccinated these calves with Johne's vaccine, tattooed and eartagged or otherwise properly identified all animals listed herein as prescribed by VS Memorandum 553.4, and recorded all information as prescribed by State regulations.</p> <p>Signature: _____ Date: _____</p> <p>12. Certification of Owner or Witness:</p> <p>I certify that the animals listed herein were vaccinated and identified for the above named owner.</p> <p>Signature: _____ Date: _____</p> <p>13. Certification for Re-establishing:</p> <p><input type="checkbox"/> Indicate tattoo of animals previously vaccinated in appropriate column</p> <p>I certify that I have personally examined the animal(s) noted herein, have read the official tattoo(s), and have retagged them as shown.</p> <p>Signature _____ Date _____</p>

INSTRUCTIONS FOR THE JOHNE'S VACCINATION FORM

The purpose is to outline the Voluntary Bovine Johne's Disease Control Program Vaccination report forms. The major objectives of the vaccination report are to provide uniformity in recording official Calhoun vaccination. To show specific information relative to each vaccinated animal(s) in a herd and to include all pertinent information concerning the animals. In addition, to facilitate the recording of uniform statistics information so that it will be readily available for program evaluation.

These instructions for the Johne's Vaccination Record below are listed by Section within the vaccinated record.

1. Enter in with the State postal code.
2. Enter in with the County's name.
3. Premise ID number: Herd, Farm, Ranch, Dairy, or premises ID is to be recorded in this block by the States that are maintaining a master identification file.
4. Kind of Herd: This space is provided to show on the charts whether the herd is of dairy, beef, or mixed breeds.
5. Owner's Name and Address: In the top center portion of the form the herd owner's last name, first name, middle initial, and complete mailing address should be printed or legibly written.
6. Premises Global Position System (GPS) coordinates: Range, Township, Section, and the Global Positioning System (GPS).
GPS Coordinates: Spaces are provided in the upper left hand section of the form underneath the name and address of the premises. A GPS coordinates helps to determine the latitude and longitude of the location.
7. Vaccine: Spaces are provided in the middle of the form to record the name of the company producing the vaccine, and the expiration date of the vaccine used.
8. Serial Number: Spaced are provided in the middle of the form to record the serial number and the dosage that was administered to the animal(s).
9. Identification Number: Identification Age, Breed, Sex, P/B - Grade, :Tattoo: number: This section is located in the lower left hand section of the form which is reserved for Remarks, Identification Number, Age, Breed, P/B - Grade, and Tattoo.
Identification Number: A unique number assigned by an animal health authority to the animal.
(DOB (mm/dd/yy)): The month, day, and year the animal was born.
Breed: Breed of cattle.
Sex: M for Male or F for Female.
P/B - Grade: Mark whether the animal is purebred (P) or grade (G).
Tattoo: The vaccination tattoo should be recorded in this space in accordance with VS Memorandum 553.4. If the animal has been previously vaccinated and the animal is being assigned a new identification number, the original vaccine tattoo should be recorded here.
10. Remarks: This section is located in the middle of the right hand side of the form. It provides additional comments.
11. Certification of the Vaccination: Signed statement certifying that calves have been vaccinated, tattooed, and eartagged or otherwise properly identified. All animals listed prescript by the VS Memorandum 553.4 and by State regulation.
12. Certification of Owner or Witness: A witness' signature to certify that the animals listed were vaccinated and identified for the above named owner.
13. Reestablish Vaccination Status: The lower right-hand section of the form is reserved for the reestablishment of vaccination status for animals that have been retagged. This line is to be signed if the purpose of the visit is to reestablish animal identification and vaccination status.

The Veterinarian should transmit all records to the central office as soon as possible.