According to the Paperwork Reduction Act of 1985, 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 0579-0338. The time required to complete this information collection is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and EXP XX/XXX EXP XX/XXX													
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES							VOLUNTARY BOVINE JOHNE'S DISEASE CONTROL PROGRAM VACCINATION RECORD (CONTINUATION SHEET)						
1. STATE	2. COUNTY		3. PREM		UMBER	4. HERD O	/NER'S LAST NAME FIRST NAME						MI
5. IDENTIFICATION NUMBER		6. DOB	7. BREED	8. SEX	9. P/B GRADE	10. TATTOO NUMBER	IDENTIFICATION NUMBER	DOB MO/YR	BREED	SEX	P/B- GRADE		TTOO MBER
												-	
												-	
11 L certify		L											

11. 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. Signature: Date

12. I certify That the animals listed herein were vaccinated and identified for the above named owner: Signature:

Date	
Dale	

## INSTRUCTIONS FOR THE JOHNE'S VACCINATION FORM CONTINUATION SHEET (VS FORM 4-27A)

The major objectives of the vaccination report are to provide uniformity in recording official calfhood vaccination, show specific information relative to each vaccinated animal(s) in a herd, and include all pertinent information concerning the animals. It also facilitates the recording of uniform statistics information so that it will be readily available for program evaluation.

- 1. Enter the State.
- 2. Enter the County's Name.
- 3. Premise ID Number: Herd, Farm, Ranch, Dairy, or Premise ID is to be recorded in this block by the States that are maintaining a master identification file.
- 4. Owner's Name: Enter the herd owner's last name, first name, and middle initial, legibly written.
- 5. Identification Number: Enter the unique number assigned by an animal health authority to the animal.
- 6. Identification Age (DOB mo/day/year): Enter the month, day, and year the animal was born.
- 7. Breed: Breed of Cattle
- 8. Sex: M for Male and F for Female.
- 9. P/B Grade: Mark whether the animal is purebred (P) or Grade (G).
- 10. Tattoo Number: The vaccination tattoo number 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 number should be recorded here.
- 11. Certification of Vaccination: Signed statement certifying that calves have been vaccinated, tattooed, and eartagged or otherwise properly identified; all animals herein listed prescribed by VS Memorandum 553.4 and by State regulation. The appropriate block should be checked by the testing veterinarian. All private tests (at owner's expense) should be checked in the appropriate block.
- 12. Certification of Owner or Witness: Enter a witness's signature to certify that the animals listed were vaccinated and identified for the above named owner.

## THE VETERINARIAN SHOULD TRANSMIT ALL RECORDS TO THE CENTRAL OFFICE AS SOON AS POSSIBLE.