

# REPORT OF PHYSICAL EXAMINATION OF COWS

Required for Introduction into the United States of Milk and Cream under the Federal Import Milk Act

Owner \_\_\_\_\_ Date of examination \_\_\_\_\_

Address \_\_\_\_\_ Location of herd \_\_\_\_\_

ANIMAL NO.	IDENTIFICATION OF ANIMAL (Accurate description or ear tag number or registration name and number)	AGE	GENERAL CONDITION	*TEMPERATURE	*PULSE	COUGH	UDDER	SYMPTOMS OF DISEASE	CONCLUSIONS (Healthy or Unhealthy)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

I HEREBY CERTIFY that I have made a physical examination of the \_\_\_\_\_ cows above described, with results as stated.

(Signed) \_\_\_\_\_  
 (Veterinary Degree)

\_\_\_\_\_  
 (Official Connection)

\_\_\_\_\_  
 (Address)

\*Where temperature or pulse is higher than normal, but the animal is otherwise apparently normal, notation should be made as to the condition of exercise or excitement under which the temperature and pulse were taken.

Milk and cream from unhealthy cows must be so disposed of as to prevent its introduction into the United States, and certificate of owner of cows, stating how such milk or cream will be disposed of, must be given on the other side of this form.

Use additional forms if this space is insufficient for reporting all cows in herd.

(OVER)

**Public reporting burden for this collection of information** is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

DHHS/FDA/CFSAN  
5100 Paint Branch Parkway  
College Park, MD 20740-3835

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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## CERTIFICATE

I HEREBY CERTIFY that I am the owner of the cows described on the other side of this form; that no milk or cream from cows that are unhealthy, as shown on this form, or from cows which have not had a physical examination will be introduced into the United States; and that milk or cream from cows that are unhealthy, as shown on this form, will be disposed of as follows: \_\_\_\_\_

(Signed) \_\_\_\_\_  
(Name of Owner)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address)