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OMB
APPROVED
0579-0047

STATE		ALL VACCINATIONS MUST BE PROMPTLY REPORTED COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM										SERIAL NUMBER			
COUNTY	CODE	BRUCELLOSIS VACCINATION RECORD										UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES			
HERD NUMBER		HERD OWNER (LAST NAME, FIRST NAME, MI)										VACCINE USED		EXPIRATION DATE	
OWNER NUMBER		ROUTE-STREET-ROAD										SERIAL NUMBER	DOSAGE <input type="checkbox"/> FULL <input type="checkbox"/> REDUCED	VACC.TATTOO	
KIND OF HERD <input type="checkbox"/> DAIRY <input type="checkbox"/> BEEF <input type="checkbox"/> MIXED		POST OFFICE			STATE			ZIP CODE				CERTIFICATION FOR PAYMENT <input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> FEE BASIS (Federal) <input type="checkbox"/> STATE COUNTY <input type="checkbox"/> PRIVATE (Owner's Expense)			
REMARKS	WBBS	CV <input type="checkbox"/>	AV <input type="checkbox"/>	RGE	TWP	SEC	DISTRICT		FARM UNIT		I CERTIFY THAT: (1) I have vaccinated with Strain 19, tattooed and eartagged or otherwise properly identified all animals listed hereon as prescribed by the Brucellosis UM and R, and recorded all information as prescribed by State regulations; and (2) when payment is claimed at the program's expense in accordance with the agreement number below no payment has been or will be received from any other source.				
NO	IDENTIFICATION NUMBER	AGE Yr. (s) Mo. (s)		BREED	SEX	P/B GRADE	* TATTOO	Signature		Date of Vaccination	Agree. Code				
1															
2	CERTIFICATION OF OWNER OR WITNESS I CERTIFY THAT the animals listed hereon were vaccinated and identified for the above named owner.														
3	Signature												Date		
4	CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS * <input type="checkbox"/> Indicate tattoo of animals previously vaccinated in appropriate column.														
5	I CERTIFY THAT I have personally examined the animal(s) noted hereon, and have read the official tattoo(s), and have retagged them as shown.														
6	Signature												Date		
7								NO	IDENTIFICATION NUMBER	AGE Yr.(s) Mo.(s)		BREED	SEX	P/B GRADE	* TATTOO
8								20							
9								21							
10								22							
11								23							
12								24							
13								25							
14								26							
15								27							
16								28							
17								29							
18								30							
19								31							

PART 1-OFFICE

PART 2-OFFICE

PART 3-OWNER

PART 4-VETERINARIAN