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OMB APPROVED
0579-0047
EXP. 00/00/0000

TELECOPIER JUSTIFICATION FOR BRUCELLOSIS HERD DEPOPULATIONS	1. SUBMITTED BY:	2. DATE SUBMITTED
	3. SUBMITTED TO:	

4. NAME OF HERD OWNER	5. STREET ADDRESS	
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6. COUNTY	<input type="checkbox"/> Modified Certified <input type="checkbox"/> Free	7. STATE
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TEST HISTORY (If more space is needed, attach additional sheets)

8. TEST DATES	9. PLATE - TUBE			10. BBA		11. RIVANOL		12. OTHER RESULTS REMARKS	13. DATE "R" REMOVED FROM FARM
	N	R	S	N	R	N	TITER		

HERD HISTORY (Also submit a narrative report if necessary)

14. ISOLATIONS: (Results and dates)

15. MCI	Date (If yes)	<input type="checkbox"/> Stockyards <input type="checkbox"/> Slaughter	16. BRT	Date (If yes)	<input type="checkbox"/> Beef NA
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
17. ABORTIONS	Date (If yes)	Percent	18. STRAIN 19 CV HISTORY		
<input type="checkbox"/> Yes <input type="checkbox"/> No		%	Percent CV in adult herd	Percent CV in replacement heifers	%

19. CONTACT HERDS: (List contact herds with test results and dates)

20. ECONOMIC IMPACT ON HERD OWNER, IF NOT DEPOPULATED:

21. IMPACT ON MANHOURS IN STATE, IF NOT DEPOPULATED:

INVENTORY TO DEPOPULATE

Registered	22. NO. ADULTS		23. NO. CALVES		24. STEERS (Ineligible)	25. ESTIMATED INDEMNITY
	COWS	BULLS	FEMALE	MALE		
Grade						\$

APPROVED BY

26. SIGNATURE OF STATE OFFICIAL	27. TITLE	28. DATE
29. SIGNATURE OF FEDERAL OFFICIAL	30. TITLE	31. DATE
32. SIGNATURE OF REGIONAL DIRECTOR		33. DATE