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OMB Approved
0579-0047

STATE		ALL VACCINATIONS MUST BE PROMPTLY REPORTED										U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES							
COUNTY	CODE	COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM BRUCELLOSIS VACCINATION RECORD																	
HERD NUMBER		HERD OWNER LAST			FIRST			INITIAL			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							
REMARKS		WBBS	CV	AV	RGE	TWP	SEC	DISTRICT	FARM UNIT			<input type="checkbox"/> FEDERAL EMPLOYEE		<input type="checkbox"/> FEE BASIS <i>(Federal)</i>		<input type="checkbox"/> STATE COUNTY		<input type="checkbox"/> PRIVATE <i>(Owner's Expense)</i>	
			<input type="checkbox"/>	<input type="checkbox"/>								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; (2) when payment is claimed at program expense in accordance with agreement number below no payment has been or will be received from any other source.							
NO.	IDENTIFICATION NUMBER	AGE (MO/YR.)	BREED	SEX	P/B-GRADE	* TATTOO													
1.																			
2.																			
3.								Signature			Date of Vaccination		Agree. Code						
4.								CERTIFICATION OF OWNER OR WITNESS											
5.								I CERTIFY THAT the animals listed hereon were vaccinated and identified for the above named owner.											
6.								Signature			Date								
7.								CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS											
8.								* <input type="checkbox"/> indicate tattoo of animals previously vaccinated in appropriate column. 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.											
								Signature			Date								

COPY DESIGNATIONS

PART 1 – OFFICE

PART 2 – OFFICE

PART 3 – OWNER

PART 4 – VETERINARIAN