

No. _____

Name of owner _____

Address _____

Date of test _____

Number of animals _____

Description of animals _____

Method of testing _____

Test applied by _____

Date of certificate _____

Termination of certificate _____

Veterinarian in Charge

VS FORM 4-13 (NOV 72)

Certified Herd
Cooperative Brucellosis Eradication

UNITED STATES
DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
AND THE STATE OF _____

No. _____

This is to certify that the herd, consisting of _____
(Number and description)

owned by _____
(Name) _____ *(Address)* _____

Having passed the required number of tests, and the owner having complied with other requirements, is hereby declared a _____ certified brucellosis-free herd for a period of one year ending _____ unless this certificate is re- voked at an _____ earlier date

Name _____ *(State Official)* Name _____ *(Veterinary Services)*

Title _____ Title **VETERINARIAN IN CHARGE**

DON'T GAMBLE WITH YOUR HERD

1. Raise all replacements if possible.
2. If you must buy animals, purchase only from known, clean herds.
3. Immediately segregate any aborting animal and consult your veterinarian.
4. Maintain regular herd testing.
5. Any time there is a question about what you should do, don't do it until you have obtained good advice.
6. For your own protection, support official brucellosis eradication in your community.

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