

CEBS: iaā * Aī A@Aūā !, [\A^ā &ā } OBCA -FJJI Eā Ae ^} & A ae A [cā] ā &ā : A [] • [: Eā ā Aā ! • [] / A [oā ~ āā Aī A^ • [] } aī Eāā || ^ &ā } A
 [- A + : { aā } A] ^ • • / āā] aē • Aā aā AUT Oā [] d [| A ^ { ā ^ Eā @ Aāā AUT Oā [] d [| A ^ { ā ^ Aī A @ A @ A - : { aā } Aī || ^ &ā } / Aī J E E - E A @ Aī ^ A
 ! ^ ~ āā Aī Aī [] ^ c A @ Aī + : { aā } Aī || ^ &ā } / A • cā ae ā Aī Aē ^ A Eī A Q ! • A ^ A ^ • [] • E E & ā * A @ Aī ^ Aī Aā cā . ā * A • d ^ &ā } • E ^ aē &ā * A
 ^ cā cā * Aāāā [: &ā E ā @ Aī * Aē ā A aē aē ā * A @ Aāāā ^ ā ā ā ā ā Aī [] ^ cā * Aē ā Aā cā . ā * A @ Aī || ^ &ā } A - A + : { aā } E

OMB APPROVED
 0579-0101
 EXP DATE XX/XXXX

U.S. DEPARTMENT OF AGRICULTURE
 ANIMAL AND PLANT HEALTH INSPECTION SERVICE
 VETERINARY SERVICES

1. FLOCK NAME/CONTACT AND ADDRESS

2. FLOCK ID NO.

RECORD OF ANIMALS ACQUIRED

3. ANIMALS ACQUIRED SINCE LAST INSPECTION (LEGEND: E=Eartag, I=Implant, T=Tattoo, O=Other)

DATE ACQUIRED	ANIMAL IDENTIFICATION		ORIGIN (Include name, address, and telephone no.)	ORIGIN FLOCK STATUS
	Official ID and Specify Type	Other - Specify		
1.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
2.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
3.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
4.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
5.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
6.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
7.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
8.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
9.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
10.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
11.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
12.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		

4. REMARKS

