

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 ^ aē ^ Eī A Q ! • A ^ A ^ • [ ] • E E & ā 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

