

USDA-APHIS OWNER (2-7) COUNTY STATE STATE CODE (11-12)

1 1

NAME OF HERD OWNER ADDRESS COUNTY OWNER CLASS (Check one) (13)

1 FARMER 3 STOCKYARD

2 DEALER 4 SALES RING

REASON FOR TEST (20)

1. AREA

2. HERD ACCREDITATION OR REACCREDITATION

3. COMPLY WITH MILK ORDINANCES

4. SALE, SHOW, INTERSTATE, INTRA-STATE OR EXPORT SHIPMENT

5. IMPORTED ANIMALS (Interstate or Internationals)

6. RETEST OF QUARANTINED HERD

7. AFTER TRACING ANIMALS WITH LESIONS REGULAR KILL

8. AFTER TRACING REACTING ANIMALS

9. AFTER TRACING EXPOSED ANIMALS

0. OTHER (Miscellaneous)

HERD TEST LESION CODE (21)

DENOTES ALL LOCATIONS OF LESIONS FOUND IN ALL OF THE REACTORS ON A HERD TEST

INJECTION (27)

1. CAUDAL

2. VULVA

3. CERVICAL

4. CAUDAL AND VULVA

5. CAUDAL AND CERVICAL

6. VULVA AND CERVICAL

7. CAUDAL VULVA & CERVICAL

OFFICIAL STATUS OF VETERINARIAN (25)

1. FEDERAL

2. STATE OR COUNTY (regularly employed)

3. ACCREDITED

TYPE OF CATTLE (26)

1. DAIRY CATTLE

2. BEEF CATTLE

3. DAIRY AND BEEF

LAB RESULTS (63)

1. COMPATIBLE

2. SUGGESTIVE

3. NOT SUGGESTIVE

4. NO SPECIMEN

POST MORTEM (62)

1. FEDERAL

2. STATE

3. MUNICIPAL

4. FIELD

ACTION TAKEN (72)

1. HERD PLACED IN QUARANTINE

2. HERD RELEASED FROM QUARANTINE

3. SUSPECTS RELEASED FROM QUARANTINE

4. SUSPECTS QUARANTINED

5. CONTINUE HERD QUARANTINE

6. NO ACTION TAKEN

7. ENTIRE HERD SLAUGHTERED

SECTION I - HERD HISTORY (Start with current test and work back)

DATE TEST READ	REASON FOR TEST	HERD LESION CODE	CURRENT AND PREVIOUS TEST	VETERINARIAN	TYPE OF CATTLE	INJECTION	NUMBER OF ANIMALS		NUMBER OF REACTORS	NUMBER OF SUSPECTS	NUMBER OF REACTORS SHOWING INTERNAL LESIONS BY LOCATION										POST MORTEM	LAB RESULTS	ORIGIN OF REACTORS	ACTION TAKEN											
							TESTED	IN HERD			NO GROSS LESIONS	1	2	3	4	5	6	7	8	9					10	11	12	13	14	15	16	17	18	19	20
14-18			1	LAST NAME	28-26-27	INJECTION	28-31	32-35	36-38	39-41	42	43-45	46-47	48-49	50-51	52-53	54-55	56-57	58-59	60-61	62	63	64-65	66-67	68-69	70-71	72	73	74	75	76	77	78	79-80	
			2																																

REMARKS (Use reverse side of this form if additional space is needed)

DATE PREVIOUS VS FORM 6-4 REPORT WAS SUBMITTED SIGNATURE OF VETERINARIAN IN CHARGE DATE

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0146. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved
0579-0146
EXP. XXXXX