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OMB Approved  
0579-0146  
EXP. XX/XXXX

**UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES**

**COOPERATIVE STATE - FEDERAL TUBERCULOSIS  
ERADICATION PROGRAM  
TUBERCULOSIS TEST RECORD**

**ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION**

STATE			HERD OWNER - LAST NAME, FIRST MI			<b>F</b>				
COUNTY	TWP	SEC	HERD OWNER COMPLETE ADDRESS			PREVIOUS TEST DATE	VET CODE	TOTAL	REA	SUS
HERD NUMBER						<b>CERTIFICATION FOR PAYMENT</b> <input type="checkbox"/> STATE/FEDERAL EXPENSE <input type="checkbox"/> OWNER EXPENSE			DATE LISTED	
LESION	TEST	D-B				U	I certify that this test was made and read by me on each of the cattle identified below on the dates and with the results as entered in appropriate spaces, and that 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.			
COUNTY		TOWNSHIP OR DISTRICT		SECTION	FARM NUMBER					

<b>REASON FOR TEST</b>			<b>COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS</b>			<b>SUMMARY</b>			<b>PRACTITIONER SIGNATURE</b>			<b>TELEPHONE</b>			
AREA	1	RETEST	6	<input type="checkbox"/> YES <input type="checkbox"/> NO NO. ELIGIBLE ANIMALS IN HERD: _____			NEGATIVE			PRACTITIONER NAME ( <i>print</i> )			AGREE CODE		
HERD (RE)ACCREDIT	2	TRACING REG. KILL	7	<b>KIND OF HERD</b> <input type="checkbox"/> DEER <input type="checkbox"/> BISON <input type="checkbox"/> ELK <input type="checkbox"/> OTHER <input type="checkbox"/> CATTLE _____			SUSPECT			INJECTION			DATE		
MILK ORDINANCE	3	TRACING REACTORS	8	<b>METHOD OF TEST</b> <input type="checkbox"/> CAUDAL FOLD (CFT) <input type="checkbox"/> SNG CERVICAL (CST) (CERVID) <input type="checkbox"/> CERVICAL (CT) (BOVINE) _____			REACTOR			OBSERVATION			DATE		
SALE SHOW	4	TRACING EXPOSED	9				TOTAL			TUBERCULIN SERIAL NUMBER			HOUR		
IMPORTED	5	OTHER	10							HOUR					

1	OFFICIAL IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		1	OFFICIAL IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS	
					SIZE	NRS						SIZE	NRS
	1.							13.					
	2.							14.					
	3.							15.					
	4.							16.					
	5.							17.					
	6.							18.					
	7.							19.					
	8.							20.					
	9.							21.					
	10.							22.					
	11.							23.					
	12.							24.					

RT - Retag NA - Natural Addition PA - Purchased Addition	N - Negative S - Suspect R - Reactor	I hereby acknowledge receiving a copy of this record which I have examined and find correct. <b>OWNER SIGNATURE</b>	<b>DATE</b>	<b>THIS AUTHORIZATION TO TEST EXPIRES:</b>
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