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OMB APPROVED
0579-0146
EXP. XX/XXXX

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

TUBERCULIN TEST RECORD (*Special*)

HERD OWNER - LAST NAME, FIRST MI				REASON FOR CFT OR SCT			DATE INJECTED				CFT OR SCT TEST	
ROUTE - STREET - ROAD				AREA 1	HERD RETEST 6	CFT OR SCT	COMPARATIVE CERVICAL			COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS <input type="checkbox"/> YES <input type="checkbox"/> NO		NO. OF ELIGIBLE ANIMALS IN HERD IF "NO"
POST OFFICE STATE (including ZIP Code)				HERD (RE)ACCREDIT 2	TRACING REG. KILL 7	RETEST OF CFT/SCT SUSPECTS <input type="checkbox"/> YES <input type="checkbox"/> NO			COMPARATIVE RETEST <input type="checkbox"/> 1ST <input type="checkbox"/> 2ND			
COUNTY TOWNSHIP SECTION HERD NO.				MILK ORDINANCE 3	TRACING REACTORS 8	CC TEST RESULTS				KIND OF HERD <input type="checkbox"/> DEER <input type="checkbox"/> BISON <input type="checkbox"/> ELK <input type="checkbox"/> OTHER <input type="checkbox"/> CATTLE _____		
				SALE - SHOW 4	TRACING EXPOSED 9	NEG	SUS	REA	TOTAL	LOCATION OF CC TEST <input type="checkbox"/> RIGHT SIDE OF NECK <input type="checkbox"/> LEFT SIDE OF NECK		
				IMPORTED 5	OTHER 10	TUBERCULIN		SERIAL NO.				
						AVIUM						
						BOVIS						

ANIMAL NUMBER	OFFICIAL IDENTIFICATION NUMBER	OTHER IDENTIFICATION	AGE	BREED	SEX	AVIUM PPD (UPPER)			BOVIS PPD (LOWER)			PREVIOUS CFT OR SCT RESPONSE	CLASSIFICATION (CC TEST) (N S R)	REMARKS
						SKIN THICKNESS		mm INCREASE	SKIN THICKNESS		mm INCREASE			
						mm NORMAL	mm 72 HOURS		mm NORMAL	mm 72 HOURS				
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														

SIGNATURE	TITLE	DATE
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