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 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and 0579-0146 EXP: XX/XXXX													
UNITED STATES DEPARTMENT OF AGRICULTURE IN ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES				/ESTIGATION FOR EVIDENCE OF TUBERCULOSIS (Exposed Animal(s) – Continuation)					INSTRUCTIONS: To be used ONLY for multiple animal shipments. Numbering for the items duplicate the numbers used on the VS Form 6-4B.				
1. NAME AND ADDRESS OF OWNER OF INFECTED HERD (include State and Z (Identification will be the same as Item 1 of VS Form 6-4B)				ΖΙΡ Code)				Note: Animals from the infected herd (Item I, VS Form 6-4B) were exposed to reactors and subsequently sold to owner listed on this continuation sheet. Evidence suggests that the subsequent owner's herd should be investigated for possible tuberculosis.					
SUBSEQUENT OWNER OF EXPOSED ANIMAL	16. TO WHOM SOLD (To be investigated)						17. ADDRE	RESS					
	18. COUNTY		19. STA	19. STATE			20. OWNER CLASS ("X" as appropriate)						
				(1)				ARMER			(3) STOCKYARD		
								(2) DEALER			(4) SALES RING		
		8. SALES-MARKET		(See codes at top of V			/S Form 6-4B)	m 6-4B) 14. DATE SOLD			15. DESCRIPTION (Color, markings, horns)		
7. IDENTIFICATION TAG	G OR TATTOO	RETAINED TAG	9. AGE	10. BREED	11. SEX	12. SOI	.D FOR	13. RAISED ON FARM	MONTH	YEAR	(Registration No. and n		