

**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			Serial No.				
COUNTY	TWP	SEC	HERD OWNER COMPLETE ADDRESS			PREVIOUS TEST DATE	VET CODE	TOTAL	REA	SUS
HERD NUMBER						CERTIFICATION FOR PAYMENT <input type="checkbox"/> STATE/FEDERAL EXPENSE <input type="checkbox"/> OWNER EXPENSE DATE LISTED				
LESION	TEST	D-B	U	COUNTY			TOWNSHIP OR DISTRICT	SECTION	FARM NUMBER	

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.

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

1	OFFICIAL IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		1	OFFICIAL IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS	
					SIZE	NRS						SIZE	NRS
	1.							16.					
	2.							17.					
	3.							18.					
	4.							19.					
	5.							20.					
	6.							21.					
	7.							22.					
	8.							23.					
	9.							24.					
	10.							25.					
	11.							26.					
	12.							27.					
	13.							28.					
	14.							29.					
	15.							30.					

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. OWNER SIGNATURE _____ DATE _____	THIS AUTHORIZATION TO TEST EXPIRES: _____
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