

CEBS: iaā * Aī A@Aūā !, [\A^ā &ā } OBCA -FJJI Eā Ae ^} & A ae A [cā] ā &ā : A [] • [: Eā ā Aā ! • [] / A [oA ~ ā aAī A^ • [] } aAī Eāāī || ^ &ā } A
 [-A-+{ : aā } A } | • • / ā ā } | aē • Aā aā AUT Oā } d [| A ~ (ā ^ Eā @ Aā ā AUT Oā } d [| A ~ (ā ^ Aī A @ A ~ + { : aā } Aī || ^ &ā } / Aī | J E E - E B A @ Aī ^ A
 | ^ ~ ā aAī Aī [] | ^ c A @ Aī + { : aā } Aī || ^ &ā } / A • cā ae ā Aī Aē ^ A Eī A Q ! • A ^ A ^ • [] • E E & ā * A @ Aī ^ Aī Aā cā , ā * A • d ~ &ā } • E ^ aē & ā * A
 ^ cā cā * Aā aā [] : & ā E ā @ Aī * Aē ā A aē aē ā * A @ Aā aē ^ ā ā Eā ā Aī [] | ^ cā * Aē ā Aā cā , ā * A @ Aī || ^ &ā } A - Aī + { : aā } E

OMB APPROVED
 0579-0101
 EXP DATE XX/XXXX

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES RECORD OF ANIMALS ACQUIRED	1. FLOCK NAME/CONTACT AND ADDRESS	2. FLOCK ID NO.
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3. ANIMALS ACQUIRED SINCE LAST INSPECTION (LEGEND: E=Eartag, I=Implant, T=Tattoo, O=Other)

DATE ACQUIRED	ANIMAL IDENTIFICATION		ORIGIN (Include name, address, and telephone no.)	ORIGIN FLOCK STATUS
	Official ID and Specify Type	Other - Specify		
1.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
2.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
3.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
4.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
5.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
6.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
7.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
8.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
9.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
10.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
11.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		
12.	----- <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O	-----		

4. REMARKS

