

OMB Approved 0579-0101
EXP DATE XX/XXXX

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

1. FLOCK NAME/CONTACT AND ADDRESS

2. FLOCK ID NO.

RECORD OF ANIMALS ACQUIRED

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.	<div><input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O</div>			
2.	<div><input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O</div>			
3.	<div><input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O</div>			
4.	<div><input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O</div>			
5.	<div><input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O</div>			
6.	<div><input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O</div>			
7.	<div><input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O</div>			
8.	<div><input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O</div>			
9.	<div><input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O</div>			
10.	<div><input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O</div>			
11.	<div><input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O</div>			
12.	<div><input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O</div>			

4. REMARKS

