



ALL VACCINATIONS MUST BE PROMPTLY REPORTED
COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM
BRUCELLOSIS VACCINATION RECORD

W 697713

STATE	
COUNTY	CODE

HERD NUMBER	HERD OWNER LAST	FIRST	INITIAL	VACCINE USED	EXPIRATION DATE			
OWNER NUMBER	ROUTE STREET ROAD			SERIAL NUMBER	DOSAGE <input type="checkbox"/> Full <input type="checkbox"/> Reduced			
KIND OF HERD <input type="checkbox"/> DAIRY <input type="checkbox"/> BEEF <input type="checkbox"/> MIXED	POST OFFICE	STATE	ZIP CODE	CERTIFICATION FOR PAYMENT <input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> FEE BASIS (Federal) <input type="checkbox"/> STATE COUNTY <input type="checkbox"/> PRIVATE (Owner's Expense)				
REMARKS	WBBS	CV <input type="checkbox"/>	AV <input type="checkbox"/>	RGE	TWP	SEC	DISTRICT	FARM UNIT

O Z	IDENTIFICATION NUMBER	AGE		BREED	SEX	P/B GRADE	* TATTOO
		Yr.(s)	Mo.(s)				
1							
2							
3							
4							
5							
6							
7							

I CERTIFY THAT: (1) I have vaccinated with Strain 19, tattooed and eartagged or otherwise properly identified all animals listed hereon as prescribed by the Brucellosis UM & R, and recorded all information as prescribed by State regulations, (2) 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.

Signature	Date of Vaccination	Agree. Code
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CERTIFICATION OF OWNER OR WITNESS
 I CERTIFY THAT the animals listed hereon were vaccinated and identified for the above named owner.

Signature	Date
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CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS
 indicate tattoo of animals previously vaccinated in appropriate column.
 I CERTIFY THAT I have personally examined the animal(s) noted hereon, and have read the official tattoo(s) and have retagged them as shown.

Signature	Date
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O Z	IDENTIFICATION NUMBER	AGE		BREED	SEX	P/B GRADE	* TATTOO
		Yr.(s)	Mo.(s)				
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							