DEPARTMENT OF LIVESTOCK

PO BOX 202001 HELENA, MONTANA 59620-2001 www.liv.mt.gov



DEPARTMENT OF LIVESTOCK (406) 444-7323
ANIMAL HEALTH & FOOD SAFETY DIVISION (406) 444-2043
BRANDS ENFORCEMENT DIVISION (406) 444-2045
CENTRALIZED SERVICES DIVISION (406) 444-4993
FAX (406) 444-1929

DSA Brucellosis Test/Adult Vaccination Reimbursement Request for Veterinarians

Instructions:

- 1. Form is for testing or adult vaccination conducted July 1, 2018 thru June 30, 2019 (FY 19)
- 2. Submit requests within 60 days of test AND prior to July 1, 2019.
- 3. Submit complete vaccination certificates with all adult vaccination requests.
- 4. Reimbursement rates: \$8.50/head tested at a market, \$4/head for adult vaccination, testing on ranch \$12/head for 1-10 head, \$10/head for 11-50 head, \$7.50 for >50 head,
- 5. Be as specific as possible with Reason for Test.
- 6. Use continuation pages if submitting reimbursement for more than 9 tests/vaccinations at a time.

payable to:			Date submitted:			
Address:			Phone:			
Ci	ty/State/Zip:		_			
			Veterinarian Signature			
Owner/Ranch/Market Name		Acc.#/Case #	# Head	Reason for Test (Please be as specific as poss		Total Amt
	LID/PIN	Blood Draw Date	Rate	(Ficuse be as specific as	possible	
1						
2						
3						
4						
5						
6						
7						
8						
9						
Return form to Brooke Ruffier: brooke.ruffier@mt.gov, fax: (406) 444-1929, PO Box 202001, Helena MT 59620 TOTAL: \$						
PAGE of Office Use Only: SV-15 (revised 9/18) Total Epi: Total DSA: Total:						