



DSA Brucellosis Test & Adult Vaccination VETERINARIAN REIMBURSEMENT REQUEST (Fiscal Year 21)

Instructions: *For current reimbursement rates and forms, visit liv.mt.gov/animal-health/diseases/brucellosis.*

1. This form is valid for testing or adult vaccination conducted **July 1, 2020 through June 30, 2021**.
2. All fields are required. For Premises ID info contact MDOL at 444-9622 or 444-2976.
3. Submit requests within 60 days after test AND prior to July 1, 2021.
4. For adult/booster vaccination: enter certificate number instead of case number; submit complete vaccination certificates with this form.
5. **Return form to Leslie Doely via email: ldoely@mt.gov; fax: (406) 444-1929; or mail: PO Box 202001, Helena MT 59620.**

Make check payable to: _____ Date submitted: _____
 Address: _____ Phone: _____
 City/State/Zip: _____

Veterinarian Signature				
Owner or Market Name	Premises ID (LID or PIN)	Case # or AV Certificate #	Head Count	Reason for Test <small>(ex: leaving DSA, sale, partial herd test, whole herd test, grazed in DSA, test per herd plan, etc.)</small>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Office Use Only:			
Req#:	_____	Total DSA	_____
Date Received:	_____	Total Epi	_____
Date Entered:	_____	Total	_____