

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

I 229301

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

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	VACC. TATTOO					
KIND OF HERD <input type="checkbox"/> DAIRY <input type="checkbox"/> BEEF <input type="checkbox"/> MIXED	POST OFFICE	STATE			ZIP CODE						
REMARKS	WBBS	CV	AV	RGE	TWP	SEC	DISTRICT	FARM UNIT	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)		
NO.	IDENTIFICATION NUMBER	AGE (MO./YR.)	BREED	SEX	P/B-GRADE	* TATTOO	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 JM & 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.				
1							Signature		Date of Vaccination	Agree. Code	
2											
3							CERTIFICATION OF OWNER OR WITNESS I CERTIFY THAT the animals listed hereon were vaccinated and identified for the above named owner.				
4							Signature		Date		
5							CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS * <input type="checkbox"/> indicate tattoo of animals previously vaccinated in appropriate column,				
6							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.				
7							Signature		Date		
8											



ALL VACCINATIONS MUST BE PROMPTLY REPORTED

COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM W 697713
BRUCELLOSIS VACCINATION RECORD

STATE _____
COUNTY _____ CODE _____

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

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 _____

CERTIFICATION OF OWNER OR WITNESS
I CERTIFY THAT the animals listed hereon were vaccinated and identified for the above named owner.

Signature _____ Date _____

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 _____

No	IDENTIFICATION NUMBER	AGE		BREED	SEX	P/B GRADE	* TATTOO
		Yr.(s)	Mo.(s)				
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