

DEPARTMENT OF LIVESTOCK

PO BOX 202001  
 HELENA, MONTANA 59620-2001  
 FAX (406) 444-1929  
 www.liv.mt.gov



Animal Health Division (406) 444-2043  
 Brands Enforcement Division (406) 444-2045  
 Centralized Services Division (406) 444-4994  
 Executive Office/Board Of Livestock (406) 444-7323  
 Meat & Poultry Inspection Division (406) 444-5202  
 Milk & Egg Bureau (406) 444-9761

## DSA Brucellosis Test Compensation Request for Producers

**IMPORTANT:** Tests on this form must have been sampled during FY17 (July 1, 2016 through June 30, 2017). Reimbursement requests must be received within 60 days of test.\* Please also submit a completed W-9 form if you haven't done so previously or have had an address change. Additional information & forms are available at [www.liv.mt.gov](http://www.liv.mt.gov).

Producer Name: \_\_\_\_\_ Date submitted: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Producer Signature \_\_\_\_\_

	Veterinarian Name	Reason for Test: (check all that apply)	Blood Draw Date	Accession # or Lab Case #	Total Animals Tested
1		<input type="checkbox"/> Change of ownership <input type="checkbox"/> Movement (leaving DSA) <input type="checkbox"/> Entire herd test <input type="checkbox"/> Epi <input type="checkbox"/> Other _____			
2		<input type="checkbox"/> Change of ownership <input type="checkbox"/> Movement (leaving DSA) <input type="checkbox"/> Entire herd test <input type="checkbox"/> Epi <input type="checkbox"/> Other _____			
3		<input type="checkbox"/> Change of ownership <input type="checkbox"/> Movement (leaving DSA) <input type="checkbox"/> Entire herd test <input type="checkbox"/> Epi <input type="checkbox"/> Other _____			
4		<input type="checkbox"/> Change of ownership <input type="checkbox"/> Movement (leaving DSA) <input type="checkbox"/> Entire herd test <input type="checkbox"/> Epi <input type="checkbox"/> Other _____			
5		<input type="checkbox"/> Change of ownership <input type="checkbox"/> Movement (leaving DSA) <input type="checkbox"/> Entire herd test <input type="checkbox"/> Epi <input type="checkbox"/> Other _____			
6		<input type="checkbox"/> Change of ownership <input type="checkbox"/> Movement (leaving DSA) <input type="checkbox"/> Entire herd test <input type="checkbox"/> Epi <input type="checkbox"/> Other _____			
7		<input type="checkbox"/> Change of ownership <input type="checkbox"/> Movement (leaving DSA) <input type="checkbox"/> Entire herd test <input type="checkbox"/> Epi <input type="checkbox"/> Other _____			

\*Please call if you have testing performed after May 1, 2017. These forms must be received before July 1, 2017 in order to be processed for reimbursement.

Return form to Emily Kaleczyc: ekaleczyc@mt.gov  
 fax: (406) 444-1929 or  
 PO Box 202001, Helena MT 59620-2001

**TOTAL ANIMALS TESTED:** \_\_\_\_\_  
**TOTAL INVOICE AMOUNT (\$2.00/hd):** \_\_\_\_\_

Office Use Only:  
 SV-16 (revised 6/16)      Total Epi: \_\_\_\_\_      Total DSA: \_\_\_\_\_      Total: \_\_\_\_\_