



DSA Brucellosis Test / Adult Vaccination Compensation for Veterinarians

*Tests on this form must have been sampled during FY17 (July 1, 2016 through June 30, 2017) & within the last 60 days.
 This form must be received by MDOL no later than July 1, 2017.*

Veterinarian: _____ Date submitted: _____
 Address: _____ Phone: _____
 City/State/Zip: _____

Veterinarian Signature _____

#	Owner/Ranch/Market Name Town	Acc.#/Case # Blood Draw Date	# Head	Rate Per Head (see rates below)	Reason for Test (check all that apply)	Total Amt
1				<input type="checkbox"/> \$7.50 <input type="checkbox"/> \$10 <input type="checkbox"/> \$12 <input type="checkbox"/> \$8.50 (Market only) <input type="checkbox"/> \$4 (AV only)	<input type="checkbox"/> Sale <input type="checkbox"/> Movement <input type="checkbox"/> Entire herd test <input type="checkbox"/> Other _____	
2				<input type="checkbox"/> \$7.50 <input type="checkbox"/> \$10 <input type="checkbox"/> \$12 <input type="checkbox"/> \$8.50 (Market only) <input type="checkbox"/> \$4 (AV only)	<input type="checkbox"/> Sale <input type="checkbox"/> Movement <input type="checkbox"/> Entire herd test <input type="checkbox"/> Other _____	
3				<input type="checkbox"/> \$7.50 <input type="checkbox"/> \$10 <input type="checkbox"/> \$12 <input type="checkbox"/> \$8.50 (Market only) <input type="checkbox"/> \$4 (AV only)	<input type="checkbox"/> Sale <input type="checkbox"/> Movement <input type="checkbox"/> Entire herd test <input type="checkbox"/> Other _____	
4				<input type="checkbox"/> \$7.50 <input type="checkbox"/> \$10 <input type="checkbox"/> \$12 <input type="checkbox"/> \$8.50 (Market only) <input type="checkbox"/> \$4 (AV only)	<input type="checkbox"/> Sale <input type="checkbox"/> Movement <input type="checkbox"/> Entire herd test <input type="checkbox"/> Other _____	
5				<input type="checkbox"/> \$7.50 <input type="checkbox"/> \$10 <input type="checkbox"/> \$12 <input type="checkbox"/> \$8.50 (Market only) <input type="checkbox"/> \$4 (AV only)	<input type="checkbox"/> Sale <input type="checkbox"/> Movement <input type="checkbox"/> Entire herd test <input type="checkbox"/> Other _____	
6				<input type="checkbox"/> \$7.50 <input type="checkbox"/> \$10 <input type="checkbox"/> \$12 <input type="checkbox"/> \$8.50 (Market only) <input type="checkbox"/> \$4 (AV only)	<input type="checkbox"/> Sale <input type="checkbox"/> Movement <input type="checkbox"/> Entire herd test <input type="checkbox"/> Other _____	
7				<input type="checkbox"/> \$7.50 <input type="checkbox"/> \$10 <input type="checkbox"/> \$12 <input type="checkbox"/> \$8.50 (Market only) <input type="checkbox"/> \$4 (AV only)	<input type="checkbox"/> Sale <input type="checkbox"/> Movement <input type="checkbox"/> Entire herd test <input type="checkbox"/> Other _____	
8				<input type="checkbox"/> \$7.50 <input type="checkbox"/> \$10 <input type="checkbox"/> \$12 <input type="checkbox"/> \$8.50 (Market only) <input type="checkbox"/> \$4 (AV only)	<input type="checkbox"/> Sale <input type="checkbox"/> Movement <input type="checkbox"/> Entire herd test <input type="checkbox"/> Other _____	
9				<input type="checkbox"/> \$7.50 <input type="checkbox"/> \$10 <input type="checkbox"/> \$12 <input type="checkbox"/> \$8.50 (Market only) <input type="checkbox"/> \$4 (AV only)	<input type="checkbox"/> Sale <input type="checkbox"/> Movement <input type="checkbox"/> Entire herd test <input type="checkbox"/> Other _____	

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

TOTAL: \$

RANCH/CLINIC TESTING	RATE PER HEAD
1-10 head	\$12.00
11-50 head	\$10.00
More than 50 head	\$7.50

MARKET TESTING AND ADULT VACCINATION	RATE PER HEAD
Testing at livestock markets (\$1 per head is chute fee)	\$8.50
Adult vaccination (on ranch or at clinic)	\$4.00

Office Use Only:

SV-15 (revised 6/16) Total Epi: _____ Total DSA: _____ Total: _____