



FY22 VETERINARIAN REIMBURSEMENT REQUEST FOR DSA-RELATED ADULT/BOOSTER BRUCellosIS VACCINATION

Instructions:

1. This form is valid for adult vaccination conducted July 1, 2021, through June 30, 2022.
2. All fields are required. For Premises ID info contact MDOL at 444-9622 or 444-2976.
3. Submit requests as soon as possible after vaccination AND prior to July 1, 2022.
4. Submit complete vaccination certificates with this form.
5. Return form to Leslie Doely: lidoely@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 (not required if submitted via email)

	Owner Name	Premises ID (LID or PIN)	Vaccination Certificate #	Date	Head Count
1					
2					
3					
4					
5					
6					
7					
8					

Office Use Only:

Req#: _____	Total Headcount: _____
Date Received: _____	Rate/Head: \$4.00
Date Entered: _____	Total Amount: _____