



FY23 VETERINARIAN REIMBURSEMENT REQUEST FOR DSA-RELATED BRUCELLOSIS BOOSTER VACCINATION

Instructions:

1. This form is valid for brucellosis booster vaccination conducted July 1, 2022, through June 30, 2023.
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, 2023.
4. Return form to ecvi@mt.gov.

Make check payable to: _____ Date submitted: _____

Address: _____ Phone: _____

City/State/Zip: _____ 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: _____ |