



BRUCELLOSIS TEST REIMBURSEMENT SURVEY FOR DSA PRODUCERS

JULY 1, 2022 – JUNE 30, 2023

Brucellosis testing for the Designated Surveillance Area (DSA) is reimbursed to producers at a rate \$2 per head. Please complete this form to request reimbursement for on-ranch tests completed July 1, 2022 through June 30, 2023 for your operation. This form is not valid after June 30, 2023.

MAKE REIMBURSEMENT CHECK PAYABLE TO:

Name and address must have a current Montana W-9 on file.

RANCH WHERE TESTING WAS COMPLETED:

(This should be the name/address that appears on the test chart(s), if different from payee name/address)

NAME

MAILING ADDRESS

CITY, ST, ZIP

PHONE

RANCH NAME

PHYSICAL ADDRESS

CITY, ST, ZIP

Would you like to receive email notification when reimbursements are issued? Yes No

If yes, please clearly print email address: _____

SELECT ONE OPTION THAT BEST DESCRIBES YOUR OPERATION:

ANIMALS = Sexually intact cattle or domestic bison, 12 months of age or older. Please do not include steers, spayed heifers, or calves under one year of age in your responses.

YEAR-ROUND INSIDE THE DSA OR PROPERTY STRADDLES THE DSA BOUNDARY

APPROXIMATELY HOW MANY ***ANIMALS*** IN YOUR OPERATION? _____

BASED OUTSIDE THE DSA BUT SOME/ALL ANIMALS ENTER THE DSA FOR PART OF THE YEAR

APPROXIMATELY HOW MANY ***ANIMALS*** ENTER THE DSA? _____
INTO WHICH COUNTY(IES)? _____

BASED INSIDE THE DSA BUT SOME/ALL ANIMALS LEAVE THE DSA FOR PART OF THE YEAR

APPROXIMATELY HOW MANY ***ANIMALS*** IN YOUR OPERATION? _____
APPROXIMATELY HOW MANY ***ANIMALS*** LEAVE THE DSA SEASONALLY? _____
INTO WHICH COUNTY(IES) DO THE ANIMALS GO WHEN THEY LEAVE? _____

OTHER (PLEASE DESCRIBE): _____

COMMENTS:

ENTER TEST INFORMATION ON PAGE 2



REQUEST #: _____

DATE RECD: _____

PREMISES ID: _____

TEST INFORMATION:

PLEASE LIST TESTS FOR WHICH YOU ARE REQUESTING REIMBURSEMENT OF \$2/HEAD. YOU MAY SUBMIT THIS FORM MORE THAN ONCE PER YEAR IF ADDITIONAL TESTING IS DONE.

| DATE | CASE# | VET | HEADCOUNT |
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RETURN FORM TO LESLIE DOELY (406-444-9622): LDOELY@MT.GOV OR PO BOX 202001, HELENA MT 59620-2001