MONTANA DEPARTMENT OF LIVESTOCK ANIMAL HEALTH DIVISION www.liv.mt.gov



DATE RECD:	
PREMISES ID:	

BRUCELLOSIS TEST REIMBURSEMENT SURVEY FOR DSA PRODUCERS

JULY 1, 2023 – JUNE 30, 2024

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, 2023 through June 30, 2024 for your operation. This form is not valid after June 30, 2024.

MAKE REIMBURSEMENT CHECK PAYABLE TO:	RANCH WHERE TESTING WAS COMPLETED:			
Name and address must have a current Montana W-9 on file.	(This should be the name/address that appears on the test chart(s), if different from payee name/address)			
NAME	RANCH NAME			
MAILING ADDRESS	PHYSICAL ADDRESS			
CITY, ST, ZIP	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				
ANIMALS = Sexually intact cattle or domestic bison, 12 months calves under one year of				
☐ YEAR-ROUND INSIDE THE DSA APPROXIMATELY HOW MANY *ANIMALS* IN YOUR	☐ PROPERTY STRADDLES THE DSA BOUNDARY OPERATION?			
☐ BASED <u>OUTSIDE</u> THE DSA BUT SOME/ALL ANIMALS ENTER THE DSA FOR PART OF THE YEAR APPROXIMATELY HOW MANY *ANIMALS* ENTER THE DSA?				
INTO WHICH C	OUNTY(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?				
INTO WHICH COUNTY(IES) DO THE ANIMALS GO WHEN	INET LEAVE?			
☐ OTHER (PLEASE DESCRIBE):				
COMMENTS:				

ENTER TEST INFORMATION ON PAGE 2

MONTANA DEPARTMENT OF LIVESTOCK ANIMAL HEALTH DIVISION www.liv.mt.gov



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.

MORE THAN ONCE PER YEAR IF ADDITIONAL TESTING IS DONE.					
DATE	CASE#	VET	HEADCOUNT		

Return Form to Jacqueline Cima (406-444-9622): JAC.CIMA@MT.GOV OR PO BOX 202001, HELENA MT 59620-2001