



BRUCELLOSIS TEST REIMBURSEMENT SURVEY FOR DSA PRODUCERS

JULY 1, 2024 – JUNE 30, 2025

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, 2024 through June 30, 2025 for your operation. This form is not valid after June 30, 2025.

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

EMAIL

RANCH NAME

PHYSICAL ADDRESS

CITY, ST, ZIP

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

