

MONTANA DEPARTMENT OF LIVESTOCK
 ANIMAL HEALTH DIVISION
 PO Box 202001, Helena MT 59620-2001
 www.liv.mt.gov



**2023 MONTANA BRUCELLA OVIS
 CERTIFIED FREE FLOCK APPLICATION**

| OFFICE USE ONLY | |
|-------------------|-------|
| CHECK/MO: | _____ |
| AMOUNT PAID: | _____ |
| TRANSMITTAL #: | _____ |
| CERT FLOCK#: | _____ |
| PREMISES LID: | _____ |
| ANNIVERSARY DATE: | _____ |

| | | | |
|------------------|-----|------------------------|--|
| Owner Name | | Ranch or Business Name | |
| Mailing Address | | Physical Address | |
| City, State, Zip | | City, State, Zip | |
| Phone | Fax | Email | |

How would you like to receive your permit(s): Email Mail
 Payment Method: Check or Money Order
 Online Payment (Credit Card or E-Check)* Payment Confirmation # _____
 *Online payments can be made at <https://svc.mt.gov/doa/opp/LIVAnimalHealth/cart> and to expedite processing the application should be sent to livpermits@mt.gov

APPLICATION FOR RENEWAL OR NEW DESIGNATION OF A RAM FLOCK AS B.OVIS FREE, DEFINED IN ADMINISTRATIVE RULE (ARM) 32.3.401. THE FEE FOR CERTIFICATION, SET BY ARM 32.2.401, IS \$18.00 FOR RENEWAL OR \$40.00 FOR NEW. RENEWAL APPLIES TO FLOCKS THAT WERE CERTIFIED THE PREVIOUS YEAR. CERTIFICATION EXPIRES 14 MONTHS AFTER THE QUALIFYING TEST DATE AND IS NOT TRANSFERABLE. THE FEE INCLUDES A NON-REFUNDABLE \$5.00 APPLICATION FEE.

RE-CERTIFICATION FOR FLOCK # _____ :

OWNER CERTIFICATION

I certify that this is an established Montana flock and it complies with the following *B. ovis*-Free Flock certification requirements:

- 1) All rams eight months of age and older have one negative *B. ovis* test within 60 days of the anniversary date.
- 2) All rams purchased in the last 12 months:
 - a. Originated from a Certified *B. ovis*-free flock, or
 - b. Were tested negative for *B. ovis* twice, 45-60 days apart, prior to entry into the flock.
 - c. Documentation for new rams must be provided
- 3) Rams have not been in contact or commingled with sheep from any other source.

List rams and test information below(or as an attachment):

| ID TAGS | AGES | TEST DATE(S) | CASE NUMBER | |
|---------|------|--------------|-------------|--|
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Testing veterinarian name and phone number: _____

Signature of Owner: _____

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INITIAL FLOCK CERTIFICATION:

OWNER CERTIFICATION

All rams eight months of age and older have two negative *Brucella ovis* tests performed 45-60 days apart.

I hereby certify that all rams in this flock listed below were tested negative for *Brucella ovis* twice, 45-60 days apart:

| ID TAGS | AGES | INITIAL TEST DATE | 45-60 DAY RETEST DATE | CASE NUMBER | |
|---------|------|-------------------|-----------------------|-------------|--|
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| | | | | | |
| | | | | | |

Testing veterinarian name and phone number: _____

Signature of Owner: _____

| STATE VETERINARIAN APPROVAL | |
|--|--|
| Montana State Veterinarian Authorization | |
| Notes: _____ | |
| _____ | |

Signature

Date