

STATE		ALL VACCINATIONS MUST BE PROMPTLY REPORTED COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM				UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES			
COUNTY	CODE	BRUCELLOSIS VACCINATION RECORD							
HERD NUMBER		HERD OWNER (LAST NAME, FIRST NAME, MI)				VACCINE MFG AND STRAIN		DOSAGE <input type="checkbox"/> FULL <input type="checkbox"/> REDUCED	
PREMISES ID NUMBER		ROUTE-STREET-ROAD				SERIAL NUMBER/EXPIRATION DATE		VACCINATION TATTOO	
KIND OF HERD <input type="checkbox"/> DAIRY <input type="checkbox"/> BEEF <input type="checkbox"/> BISON		POST OFFICE		STATE		ZIP CODE		CERTIFICATION FOR PAYMENT <input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> FEE BASIS (Federal) <input type="checkbox"/> STATE COUNTY <input type="checkbox"/> PRIVATE (Owner's Expense)	
REMARKS		CV <input type="checkbox"/> AV <input type="checkbox"/>		GPS COORDINATES				I CERTIFY THAT: (1) I have vaccinated with an approved vaccine; officially tattooed and eartagged, or otherwise officially, individually identified all animals listed hereon as prescribed by the Brucellosis UM and R, and recorded all information as prescribed by State regulations; and	

(2) when payment is claimed at the program's expense in accordance with the agreement number below, no payment has been or will be received from any other source.

NO.	IDENTIFICATION NUMBER	AGE Yr.(s)/Mo.(s)	BREED	SEX	P/B GRADE	* TATTOO	Signature	Date of Vaccination	Agree. Code				
1													
2	CERTIFICATION OF OWNER OR WITNESS I CERTIFY THAT the animals listed hereon were vaccinated and identified for the above named owner.												
3							Signature	Date					
4	CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS * <input type="checkbox"/> Indicate tattoo of animals previously vaccinated in appropriate column.												
5	I CERTIFY THAT I have personally examined the animal(s) noted hereon, and have read the official tattoo(s), and have retagged them as shown.												
6							Signature	Date					
7							NO.	IDENTIFICATION NUMBER	AGE Yr.(s)/Mo.(s)	BREED	SEX	P/B GRADE	* TATTOO
8							21						
9							22						
10							23						
11							24						
12							25						
13							26						
14							27						
15							28						
16							29						
17							30						
18							31						
19							32						
20							33						