

**UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES**

**COOPERATIVE STATE - FEDERAL TUBERCULOSIS  
ERADICATION PROGRAM  
TUBERCULOSIS TEST RECORD**

**ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION**

STATE			HERD OWNER - LAST NAME, FIRST MI			Serial No.				
COUNTY	TWP	SEC	HERD OWNER COMPLETE ADDRESS			PREVIOUS TEST DATE	VET CODE	TOTAL	REA	SUS
HERD NUMBER						<b>CERTIFICATION FOR PAYMENT</b> <input type="checkbox"/> STATE/FEDERAL EXPENSE <input type="checkbox"/> OWNER EXPENSE DATE LISTED				
LESION	TEST	D-B	U	COUNTY			TOWNSHIP OR DISTRICT		SECTION	FARM NUMBER

I certify that this test was made and read by me on each of the cattle identified below on the dates and with the results as entered in appropriate spaces, and that when payment is claimed at program expense in accordance with agreement number below, no payment has been or will be received from any other source.

REASON FOR TEST		COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS		SUMMARY		PRACTITIONER SIGNATURE		TELEPHONE	
AREA	1	RETEST	6	<input type="checkbox"/> YES <input type="checkbox"/> NO	NEGATIVE	PRACTITIONER NAME (print)		AGREE CODE	
HERD (RE)ACCREDIT	2	TRACING REG. KILL	7	NUMBER OF ELIGIBLE ANIMALS IN HERD: _____	SUSPECT				
MILK ORDINANCE	3	TRACING REACTORS	8	<b>KIND OF HERD</b>	REACTOR	INJECTION		DATE	HOUR
SALE SHOW	4	TRACING EXPOSED	9	<input type="checkbox"/> DEER <input type="checkbox"/> BISON	TOTAL	OBSERVATION		DATE	HOUR
AFFECTED HERD	5	OTHER	10	<input type="checkbox"/> ELK <input type="checkbox"/> CATTLE		TUBERCULIN SERIAL NUMBER			
				<input type="checkbox"/> OTHER _____					
				<b>METHOD OF TEST</b>					
				<input type="checkbox"/> CAUDAL FOLD (CFT) <input type="checkbox"/> SNG CERVICAL (SCT) (CERVID)					
				<input type="checkbox"/> CERVICAL (CT) (BOVINE) <input type="checkbox"/> OTHER					

1	OFFICIAL IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		1	OFFICIAL IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS	
					SIZE	NRS						SIZE	NRS
	1.							16.					
	2.							17.					
	3.							18.					
	4.							19.					
	5.							20.					
	6.							21.					
	7.							22.					
	8.							23.					
	9.							24.					
	10.							25.					
	11.							26.					
	12.							27.					
	13.							28.					
	14.							29.					
	15.							30.					

RT - Retag NA - Natural Addition PA - Purchased Addition	N - Negative S - Suspect R - Reactor	I hereby acknowledge receiving a copy of this record which I have examined and find correct. <b>OWNER SIGNATURE</b>	<b>DATE</b>	<b>THIS AUTHORIZATION TO TEST EXPIRES:</b>
----------------------------------------------------------------	--------------------------------------------	------------------------------------------------------------------------------------------------------------------------	-------------	--------------------------------------------