

<b>U.S. DEPARTMENT OF AGRICULTURE</b> <b>ANIMAL AND PLANT HEALTH INSPECTION SERVICE</b> <b>VETERINARY SERVICES</b>  <b>RECORD OF ANIMALS ACQUIRED</b>	<b>1. FLOCK NAME/CONTACT AND ADDRESS</b>	<b>2. FLOCK ID NO.</b>
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**3. ANIMALS ACQUIRED SINCE LAST INSPECTION (LEGEND: E=Eartag, I=Implant, T=Tattoo, O=Other)**

DATE ACQUIRED	ANIMAL IDENTIFICATION		ORIGIN (Include name, address, and telephone no.)	ORIGIN FLOCK STATUS
	Official ID and Specify Type	Other - Specify		
1.	<div style="border-bottom: 1px dashed black; display: flex; justify-content: space-between; padding: 2px 5px;"> <span><input type="checkbox"/> E</span> <span><input type="checkbox"/> I</span> <span><input type="checkbox"/> T</span> <span><input type="checkbox"/> O</span> </div>			
2.	<div style="border-bottom: 1px dashed black; display: flex; justify-content: space-between; padding: 2px 5px;"> <span><input type="checkbox"/> E</span> <span><input type="checkbox"/> I</span> <span><input type="checkbox"/> T</span> <span><input type="checkbox"/> O</span> </div>			
3.	<div style="border-bottom: 1px dashed black; display: flex; justify-content: space-between; padding: 2px 5px;"> <span><input type="checkbox"/> E</span> <span><input type="checkbox"/> I</span> <span><input type="checkbox"/> T</span> <span><input type="checkbox"/> O</span> </div>			
4.	<div style="border-bottom: 1px dashed black; display: flex; justify-content: space-between; padding: 2px 5px;"> <span><input type="checkbox"/> E</span> <span><input type="checkbox"/> I</span> <span><input type="checkbox"/> T</span> <span><input type="checkbox"/> O</span> </div>			
5.	<div style="border-bottom: 1px dashed black; display: flex; justify-content: space-between; padding: 2px 5px;"> <span><input type="checkbox"/> E</span> <span><input type="checkbox"/> I</span> <span><input type="checkbox"/> T</span> <span><input type="checkbox"/> O</span> </div>			
6.	<div style="border-bottom: 1px dashed black; display: flex; justify-content: space-between; padding: 2px 5px;"> <span><input type="checkbox"/> E</span> <span><input type="checkbox"/> I</span> <span><input type="checkbox"/> T</span> <span><input type="checkbox"/> O</span> </div>			
7.	<div style="border-bottom: 1px dashed black; display: flex; justify-content: space-between; padding: 2px 5px;"> <span><input type="checkbox"/> E</span> <span><input type="checkbox"/> I</span> <span><input type="checkbox"/> T</span> <span><input type="checkbox"/> O</span> </div>			
8.	<div style="border-bottom: 1px dashed black; display: flex; justify-content: space-between; padding: 2px 5px;"> <span><input type="checkbox"/> E</span> <span><input type="checkbox"/> I</span> <span><input type="checkbox"/> T</span> <span><input type="checkbox"/> O</span> </div>			
9.	<div style="border-bottom: 1px dashed black; display: flex; justify-content: space-between; padding: 2px 5px;"> <span><input type="checkbox"/> E</span> <span><input type="checkbox"/> I</span> <span><input type="checkbox"/> T</span> <span><input type="checkbox"/> O</span> </div>			
10.	<div style="border-bottom: 1px dashed black; display: flex; justify-content: space-between; padding: 2px 5px;"> <span><input type="checkbox"/> E</span> <span><input type="checkbox"/> I</span> <span><input type="checkbox"/> T</span> <span><input type="checkbox"/> O</span> </div>			
11.	<div style="border-bottom: 1px dashed black; display: flex; justify-content: space-between; padding: 2px 5px;"> <span><input type="checkbox"/> E</span> <span><input type="checkbox"/> I</span> <span><input type="checkbox"/> T</span> <span><input type="checkbox"/> O</span> </div>			
12.	<div style="border-bottom: 1px dashed black; display: flex; justify-content: space-between; padding: 2px 5px;"> <span><input type="checkbox"/> E</span> <span><input type="checkbox"/> I</span> <span><input type="checkbox"/> T</span> <span><input type="checkbox"/> O</span> </div>			

**4. REMARKS**