OMB APPROVED
0579-0047
EXP: 09/30/2022

ALL VACCINATIONS MUST BE PROMPTLY REPORTED
COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM

BRUCELLOSIS VACCINATION RECORD

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

STATE			
COUNTY	**CODE**		
HERD NUMBER	HERD OWNER *(LAST NAME, FIRST NAME, MI)*	VACCINE MFG AND STRAIN	DOSAGE ☐ FULL ☐ REDUCED
PREMISES ID NUMBER	ROUTE-STREET-ROAD	SERIAL NUMBER/EXPIRATION DATE	VACCINATION TATTOO
KIND OF HERD ☐ DAIRY ☐ BEEF ☐ BISON	POST OFFICE STATE ZIP CODE	CERTIFICATION FOR PAYMENT ☐ FEDERAL EMPLOYEE ☐ FEE BASIS *(Federal)* ☐ STATE COUNTY ☐ PRIVATE *(Owner's Expense)*	
REMARKS	CV ☐ AV ☐ GPS COORDINATES		

I CERTIFY THAT: (1) I have vaccinated with an approved vaccine; offically 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
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Signature	Date of Vaccination	Agree Code

CERTIFICATION OF OWNER OR WITNESS
I CERTIFY THAT the animals listed hereon were vaccinated and identified for the above named owner.

Signature	Date

CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS
* ☐ Indicate tattoo of animals previously vaccinated in appropriate column.

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.

Signature	Date

NO.	IDENTIFICATION NUMBER	AGE Yr.(s)/Mo.(s)	BREED	SEX	P/B GRADE	* TATTOO
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						