

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0579-0032. The time required to complete this collection of information is estimated to average .5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

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

STATE		CODE	
COUNTY			
HERD NUMBER	HERD OWNER	LAST	FIRST
			INITIAL
	VACCINE USED		EXPIRATION DATE
OWNER NUMBER	ROUTE STREET ROAD		SERIAL NUMBER
			DOSAGE <input type="checkbox"/> Full <input type="checkbox"/> Reduced
KIND OF HERD	POST OFFICE	STATE	ZIP CODE
<input type="checkbox"/> DAIRY <input type="checkbox"/> BEEF <input type="checkbox"/> MIXED			
REMARKS	WBS	CV	AV
		<input type="checkbox"/>	<input type="checkbox"/>
		RGE	TWP
		SEC	DISTRICT
		FARM UNIT	
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)			

No	IDENTIFICATION NUMBER	AGE		BREED	SEX	P/B GRADE	* TATTOO	I CERTIFY THAT: (1) I have vaccinated with Strain 19, tattooed and eartagged or otherwise properly identified all animals listed hereon as prescribed by the Brucellosis UM & R, and recorded all information as prescribed by State regulations, (2) 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. Signature _____ Date of Vaccination _____ Agree. Code _____		
		Yr. (s)	Mo. (s)							
1										
2										
3										
4										
5										
6										
7										

No	IDENTIFICATION NUMBER	AGE		BREED	SEX	P/B GRADE	* TATTOO	CERTIFICATION OF OWNER OR WITNESS I CERTIFY THAT the animals listed hereon were vaccinated and identified for the above named owner. Signature _____ Date _____		
		Yr. (s)	Mo. (s)							
8										
9	23									
10	24									
11	25									
12	26									
13	27									
14	28									
15	29									
16	30									
17	31									
18	32									
19	33									
20	34									
21	35									
22	36									