

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.

STATE		ALL VACCINATIONS MUST BE PROMPTLY REPORTED															
COUNTY		CODE	COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM														
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		VACC. TATTOO					
KIND OF HERD <input type="checkbox"/> DAIRY <input type="checkbox"/> BEEF <input type="checkbox"/> MIXED		POST OFFICE			STATE		ZIP CODE					CERTIFICATION FOR PAYMENT					
REMARKS		WBBS	CV	AV	RGE	TWP	SEC	DISTRICT		FARM UNIT		<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 (Mo./Yr.)	BREED	SEX	P/B-GRADE	* TATTOO	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.										
1							Signature		Date of Vaccination		Agree. Code						
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.							Signature		Date	
6							Signature					Date					
7							Signature					Date					
8							Signature					Date					