### All Vaccinations Must Be Promptly Reported

**Cooperative State-Federal Brucellosis Eradication Program**

**United States Department of Agriculture**

**Animal and Plant Health Inspection Service**

**Veterinary Services**

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**State**

**County**

**Code**

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**Herd Number**

**Herd Owner (Last Name, First Name, MI)**

**Vaccine Mfg and Strain**

**Dosage**

- [ ] Full
- [ ] Reduced

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**Premises ID Number**

**Route-Street-Road**

**Serial Number/Expiration Date**

**Certification for Payment**

- [ ] Federal
- [ ] Fee Basis
- [ ] State
- [ ] Private Employee (Federal)
- [ ] County
- [ ] Owner's Expense

**Kinds of Herd**

- [ ] Dairy
- [ ] Beef
- [ ] Bison

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**Post Office**

**State**

**Zip Code**

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**Remarks**

**GPS Coordinates**

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**Remarks**

I certify that: (1) I have vaccinated with an approved vaccine, officially tattooed and ear-tagged, or otherwise officially, individually identified all animals listed hereon as prescribed by the Brucellosis U.S. 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.

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**No.**

**Identification Number**

**Age**

- Yr.

- Mo.

- D.

**Breed**

**Sex**

**Pb Grade**

**Tattoo**

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