

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 control number. The valid OMB control number for this information collection is 0579-0084. The time required to complete this information collection is estimated to average .3 hours per response, including the time for reviewing instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

STATE IN	ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION COOPERATIVE STATE - FEDERAL TUBERCULOSIS ERADICATION PROGRAM TUBERCULOSIS TEST RECORD	FORM APPROVED OMB NO. 0579-0084 F
-----------------	---	--

COUNTY Allen	TWP	SEC	HERD OWNER'S NAME - LAST Smith	FIRST Joseph	MI S.	PREVIOUS TEST DATE	VET CODE	TOTAL	REA	SUS
-----------------	-----	-----	-----------------------------------	-----------------	----------	--------------------	----------	-------	-----	-----

HERD NUMBER 000ABCD	HERD OWNER'S COMPLETE ADDRESS 1234 S. 4321 E. Town, IN 40000	CERTIFICATION FOR PAYMENT <input type="checkbox"/> State/Federal Expense <input checked="" type="checkbox"/> Owner's Expense	DATE LISTED
------------------------	--	---	-------------

I certify:
That this test was made and read by me on each of the cattle identified below on the dates and with the results as entered in appropriate spaces.
That 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.

COUNTY Allen	TOWNSHIP OR DISTRICT Adams	SEC.	FARM NO.
-----------------	-------------------------------	------	----------

REASON FOR TEST				COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS				SUMMARY		PRACTITIONER'S SIGNATURE		TELEPHONE NO			
AREA	1	RETEST	6	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	NO. ELIGIBLE ANIMALS IN HERD		NEG-ATIVE		PRACTITIONER'S NAME (Please print) Jane Doe, DVM		AGREE CODE 9990			
HERD (RE) ACCREDIT		<input checked="" type="checkbox"/> TRACING REG. KILL		KIND OF HERD Whitetail <input checked="" type="checkbox"/> DEER <input type="checkbox"/> ELK <input type="checkbox"/> CATTLE <input type="checkbox"/> BISON <input type="checkbox"/> OTHER				SUS-PECT		INJECTION		DATE			
MILK ORDINANCE		TRACING REACTORS								OBSERVATION		DATE		HOUR	
SALE-SHOW		TRACING EXPOSED		METHOD OF TEST <input type="checkbox"/> CAUDAL FOLD (CFT) <input type="checkbox"/> SNG CERVICAL (CST) (Cervid) <input type="checkbox"/> CERVICAL (CT) (Bovine) <input checked="" type="checkbox"/> DPP <input type="checkbox"/> OTHER		REAC-TOR		TOTAL		3		REACTORS TAGGED AND BRANDED		AGREE CODE	
IMPORTED		OTHER										DATE		SIGNATURE	

1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NO.	1	IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		REACTOR TAG NO.
					SIZE	NRS							SIZE	NRS	
	18400000333000111	3yr	WT	M					16						
	Red 27														
	2 Yellow 107	4yr	WT	M					17						
	32wyd1233														
	32wyd1234	5yr	WT	F					18						
	Purple 19														
	4								19						
	5								20						
	6								21						
	7								22						
	8								23						
	9								24						
	10								25						
	11								26						
	12								27						
	13								28						
	14								29						
	15								30						

RT - Retag NA - Natural Addition PA - Purchased Addition	N - Negative S - Suspect R - Reactor	I hereby acknowledge receiving a copy of this record which I have examined and find correct. DATE _____ OWNER'S SIGNATURE _____	THIS AUTHORIZATION TO TEST EXPIRES: _____
--	--	--	---