

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

COOPERATIVE STATE - FEDERAL TUBERCULOSIS
ERADICATION PROGRAM
TUBERCULOSIS TEST RECORD

ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION

STATE				HERD OWNER - LAST NAME, FIRST MI				Serial No.													
COUNTY	TWP	SEC	HERD OWNER COMPLETE ADDRESS				PREVIOUS TEST DATE	VET CODE	TOTAL	REA	SUS										
HERD NUMBER							CERTIFICATION FOR PAYMENT <input type="checkbox"/> STATE/FEDERAL EXPENSE <input type="checkbox"/> OWNER EXPENSE 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, and 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.														
LESION	TEST	D-B											U								
COUNTY		TOWNSHIP OR DISTRICT		SECTION		FARM NUMBER															
REASON FOR TEST				COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS				SUMMARY				PRACTITIONER SIGNATURE		TELEPHONE							
1 AREA				6 RETEST				<input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF ELIGIBLE ANIMALS IN HERD: _____				NEGATIVE				PRACTITIONER NAME (print)		AGREE CODE			
2 HERD (RE)ACCREDIT				7 TRACING REG. KILL				KIND OF HERD <input type="checkbox"/> DEER <input type="checkbox"/> BISON <input type="checkbox"/> ELK <input type="checkbox"/> CATTLE <input type="checkbox"/> OTHER _____				SUSPECT				INJECTION		DATE		HOUR	
3 MILK ORDINANCE				8 TRACING REACTORS								REACTOR				OBSERVATION		DATE		HOUR	
4 SALE SHOW				9 TRACING EXPOSED				METHOD OF TEST <input type="checkbox"/> CAUDAL FOLD (CFT) <input type="checkbox"/> SNG CERVICAL (SCT) (CERVID) <input type="checkbox"/> CERVICAL (CT) (BOVINE) <input type="checkbox"/> OTHER _____				TOTAL				TUBERCULIN SERIAL NUMBER					
5 AFFECTED HERD				10 OTHER _____																	

1	OFFICIAL IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS		1	OFFICIAL IDENTIFICATION NUMBER	AGE	BREED	SEX	RESULTS	
					SIZE	NRS						SIZE	NRS
	1.							16.					
	2.							17.					
	3.							18.					
	4.							19.					
	5.							20.					
	6.							21.					
	7.							22.					
	8.							23.					
	9.							24.					
	10.							25.					
	11.							26.					
	12.							27.					
	13.							28.					
	14.							29.					
	15.							30.					

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