- Areas in **Red** are to be filled out by the submitting Vet
  
  *Area in **Yellow**: Agree Code = Your accreditation Code (Not your State Liscence)
- Areas in **Blue** are filled out by the Laboratory Performing the Test
Arizona Point of Contact:

USDA APHIS Veterinary Services
ATTN: SPRS
6200 Jefferson Street NE, Ste. 117
Albuquerque, NM 87109

Phone: 505-761-3160
Fax: 505-761-3176

Brucellosis Test Record Form Instructions:
• VS Form 4-33 must be completed for each animal or each herd tested.
• A separate form must be completed for each species tested.
• It is REQUIRED to list the reason for the test.

Examples include:
1. Export
2. Interstate Movement
3. Sale
4. Show or Fair
5. Diagnostic Assessment (such as abortion)
6. Owner Request
STATE, COUNTY
Enter the location of the herd; it may not be the same as the owner’s residence.

CODE
Enter the correct county code if instructed by your SAHO or AVIC. If you do not know the correct code, leave the block blank.

HERD OWNER
Enter last name, first name, middle initial, and complete mailing address. Be consistent among tests for the same owner — for example, James Jones v. J. Jones v. Jones Bros.

REASON FOR TEST
Indicate whether this is the initial test or a retest. If you check the retest block, enter that test date in the PREVIOUS TEST DATE block. The vet code is assigned by your State. This information may be preprinted on the form. Indicate the reason for the test (e.g., export). If none of the first 9 reasons apply, check item 10, Other, and briefly explain in the REMARKS block.

COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS
Check either Yes or No to indicate whether this test is a complete herd test (all eligible animals are being tested). Enter the number of eligible animals in the herd.

KIND OF HERD
Enter the type of herd—dairy, beef, or mixed, or swine, or other (e.g., caprine).

AGREE CODE
Certification for payment may be fee-basis or private, depending on the State. Your agreement code is assigned by your SAHO or AVIC.

SIGNATURE
Sign the form and provide your address. Remember, this is a legal document; be sure to sign it. Provide the complete address, including ZIP Code. (The date should be the date the animal was bled.)

TUBE NO.
Follow instructions from the laboratory you use on how to number the tubes.

SIGNATURE
This is a legal document; be sure to sign it.

DATE OF VACCINATION
Enter the date that the vaccination was performed.

AGREE CODE
Enter your agreement code provided by the State.

CERTIFICATION OF OWNER OR WITNESS
Have the owner or a witness sign and date the form.

CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS
Mark this block if calfhood vaccinates are being retagged. Sign and date. Retagging is always done at the owner’s expense.

IDENTIFICATION NUMBER
Enter the vaccination tag number from the eartag that you are applying. Note any other permanent identification numbers, if present.

AGE (MO.) List the age in months.

BREED Use the breed codes listed in table 3.

SEX Enter F.

P/B-GRADE Mark this block if the animals are purebred (registered) or grade calves.

TATTOO List the present tattoo if retagging.