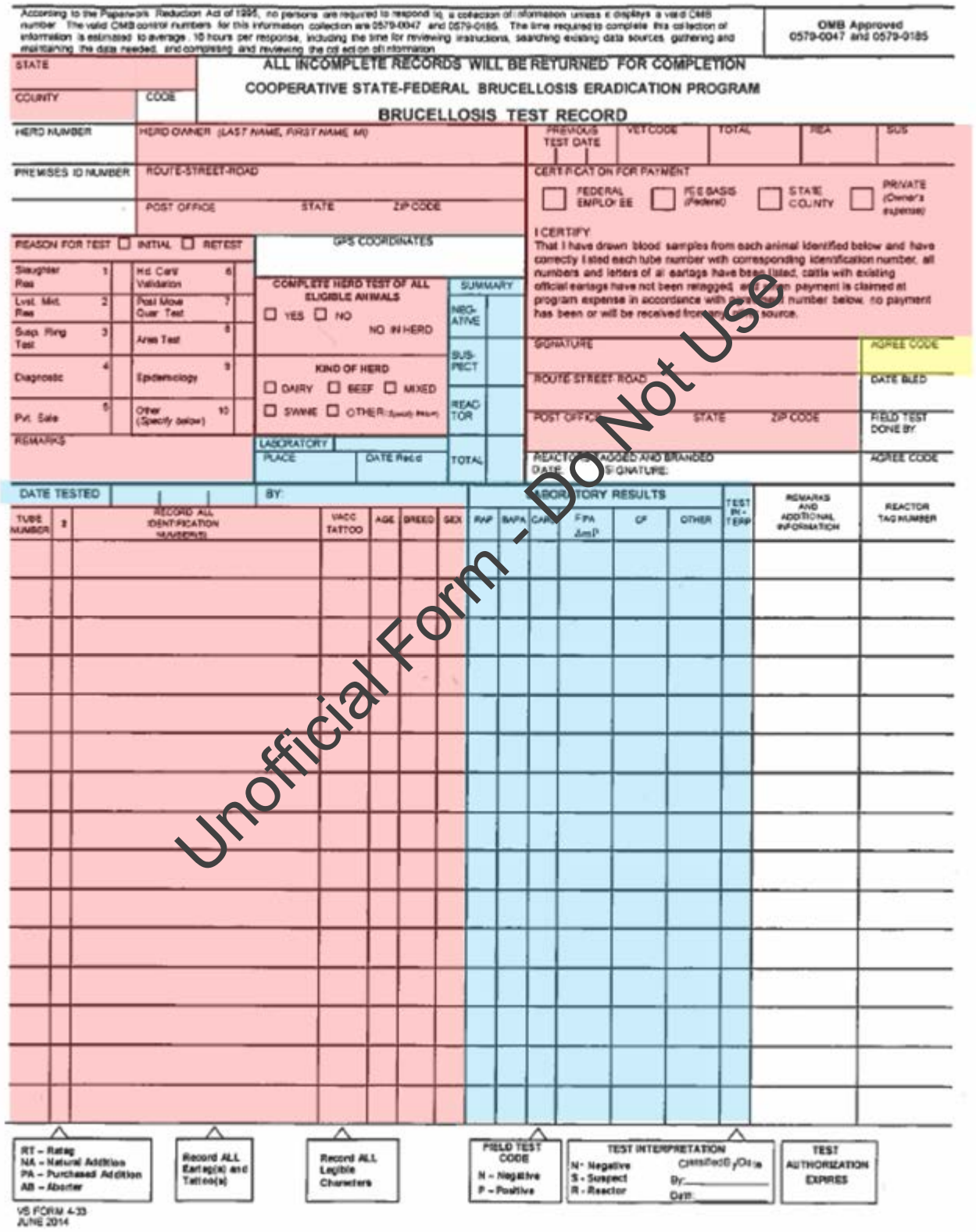
- Areas in Red are to be filled out by the submitting Vet
  *Area in **Yellow**: Agree Code = Your accreditation Code (Not your State Liscence)
- Areas in **Blue** are filled out by the Laboratory Performing the Test



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 numbers for this information collection are 0579-0047 and 0579-0185. The time required to complete this collection of information is estimated to average .16 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved 0579-0047 and 0579-0185

STATE

COUNTY CODE

ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION

COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM

BRUCELLOSIS TEST RECORD

HERD NUMBER | HERD OWNER (LAST NAME, FIRST NAME, MI) | PREVIOUS TEST DATE | VET CODE | TOTAL | REA | SUS

PREMISES ID NUMBER | ROUTE-STREET-ROAD | POST OFFICE | STATE | ZIP CODE

CERTIFICATION FOR PAYMENT: FEDERAL EMPLOYEE | FEE BASIS (Federal) | STATE COUNTY | PRIVATE (Owner's expense)

REASON FOR TEST: INITIAL RETEST

Slaughter Rea 1 | Hd. Card Validation 6
Lvst. Mkt. Rea 2 | Post Move Quar. Test 7
Susp. Ring Test 3 | Area Test 8
Diagnostic 4 | Epidemiology 9
Pvt. Sale 5 | Other (Specify below) 10

GPS COORDINATES

COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS: YES NO — NO IN HERD

KIND OF HERD: DAIRY BEEF MIXED SWINE OTHER

SUMMARY: NEGATIVE | SUSPECT | REACTOR | TOTAL

I CERTIFY
That I have drawn blood samples from each animal identified below and have correctly listed each tube number with corresponding identification number, all numbers and letters of all eartags have been listed, cattle with existing official eartags have not been retagged, and [illegible] payment is claimed at program expense in accordance with [illegible] number below; no payment has been or will be received from [illegible] source.

SIGNATURE | AGREE CODE
ROUTE STREET ROAD | DATE BLED
POST OFFICE | STATE | ZIP CODE | FIELD TEST DONE BY
REACTORS TAGGED AND BRANDED DATE | SIGNATURE | AGREE CODE

REMARKS

LABORATORY PLACE | DATE Rec'd

DATE TESTED | BY:

LABORATORY RESULTS

TUBE NUMBER	#	RECORD ALL IDENTIFICATION NUMBERS	VACC TATTOO	AGE	BREED	SEX	RAP	BAPA	CARD	FPA 2mME	CF	OTHER	TEST IN-TERP	REMARKS AND ADDITIONAL INFORMATION	REACTOR TAG NUMBER

RT – Retag
NA – Natural Addition
PA – Purchased Addition
AB – Aborter

Record ALL Eartag(s) and Tattoo(s)

Record ALL Legible Characters

FIELD TEST CODE
N – Negative
P – Positive

TEST INTERPRETATION
N- Negative
S - Suspect
R - Reactor
Classified By:
Date:

TEST AUTHORIZATION EXPIRES

VS FORM 4-33
JUNE 2014

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

VS Form 4 – 33: Brucellosis Test Record - Definitions

_____

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.