

Please print information

STATE OF CALIFORNIA
Department of Food and Agriculture
Animal Health Branch
REPORT OF HEIFER CALVES VACCINATED-BRUCELLOSIS

875451

DISTRICT	COUNTY	PREMISES ID	<input type="checkbox"/> NEW HERD
OWNER'S LAST NAME		FIRST NAME	INITIAL
RANCH NAME			
PHYSICAL ADDRESS (Location of Calves)		CITY	
		ZIP	STATE
PHONE #		VACCINE SERIAL NO.	
MAILING ADDRESS (Herd Owner's complete address if different from above)		EXP DATE: MONTH/YEAR	
		DATE OF VACCINATION	
		MONTH	DAY
NUMBER OF CALVES VACCINATED			ID SUBMITTED ELECTRONICALLY
DAIRY	BEEF	TOTAL	BREED
			<input type="checkbox"/>
TAG NUMBERS APPLIED OR EXISTING OFFICIAL TAG NUMBERS			

I hereby certify that, in accordance with my contract, I vaccinated the above calves with an approved vaccine, and to the best of my knowledge and belief, these calves were within the age limits prescribed by state regulations when vaccinated, and that each vaccinated calf was tattooed in the right ear with the official tattoo and, unless specifically requested otherwise in writing by the owner, tagged in accordance with CA Code of Regulations Title 3 Section 752.2.

PRINT NAME _____ LICENSE NUMBER _____

Signed _____
(VETERINARIAN)

I HEREBY ACKNOWLEDGE THAT THE ABOVE CALVES WERE VACCINATED AND CERTIFY THAT ALL CALVES WERE WITHIN THE AGE LIMITS PRESCRIBED BY STATE REGULATIONS.

Signed _____
(OWNER OR AGENT)

I HEREBY CERTIFY THAT I SPECIFICALLY REQUESTED THAT THE CALVES REFERRED TO ABOVE NOT HAVE THE OFFICIAL VACCINATION EAR TAGS PLACED IN THEIR EARS BECAUSE THEY HAVE EXISTING OFFICIAL EARTAGS THAT HAVE BEEN INCLUDED WITH THIS CERTIFICATE..

Signed _____
(OWNER OR AGENT)

Send pink copy to your Animal Health Branch District Office within 14 days.

State of California
Animal Health & Food Safety Services Animal Health Branch
1220 N Street
Sacramento, CA 95814

Telephone: 916-900-5002 / Fax: 916-900-5333