

# Retattooing Brucellosis Vaccinates

Date \_\_\_\_\_

I certify that on the above date I retattooed the bovine animal(s) described below.

Owner \_\_\_\_\_ Address \_\_\_\_\_

Description \_\_\_\_\_ Age \_\_\_\_\_

Tag Number(s) \_\_\_\_\_

Approximate date cattle were vaccinated by me \_\_\_\_\_

Tattoo placed in ear reads \_\_\_\_\_

This animal was positively identified by me as being vaccinated against brucellosis in accordance with the official brucellosis calfhood vaccination program.

Contract Veterinarian \_\_\_\_\_

License \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

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