



REPORT of HEIFERS SPAYED AFTER ARRIVAL

Please complete the information below and email the completed form to evet@cdfa.ca.gov or send to the appropriate CDFA Animal Health Branch district office within seven days after spaying the heifers.

Modesto	3800 Cornucopia Way, Suite F Modesto, CA 95358	Telephone: (209) 491-9350 Fax: (209) 491-9353
Ontario	1910 S. Archibald Avenue, Suite Y Ontario, CA 91761	Telephone: (909) 947-4462 Fax: (909) 923-5128
Redding	2135 Civic Center Drive, Room 8 Redding, CA 96001	Telephone: (530) 225-2140 Fax: (530) 225-2240
Tulare	18830 Road 112 Tulare, CA 93274	Telephone: (559) 685-3500 Fax: (559) 685-3503
PREMISES INFORMATION		
Name:		
Physical Address:	City:	Zip Code:
Owner's Name:		
Owner's Phone Number:		
SPAYING INFORMATION		
Date Spayed:		
Number Spayed:		
List Imported Heifers CVI #s:		
List Imported Heifers Permit #s:		
VETERINARIAN INFORMATION		
Name:	Phone #:	
Address:	City:	
Email:	State:	Zip Code:
Accreditation #:	California License #:	
Signature:	Date:	



REPORT of HEIFERS SPAYED AFTER ARRIVAL

#	Official Identification Numbers or Sequence	Spaying Identification Numbers or Sequence	Breed	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
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24				
25				

Make additional copies of this form as needed. A list of the official identification numbers may be attached to this form, but the owner name and the spaying date must be included on this form.