



Report of Official Ear Tags Distributed or Applied

Name of Veterinary Clinic or Facility distributing or applying tags: _____

Address of Veterinary Clinic or Facility distributing or applying tags: _____

Name of Veterinarian or Person distributing or applying tags: _____

Vet. Lic. #, if applicable

Reporting Year: _____ Reporting Quarter ending in: March June September December

Please complete the information below and email to evet@cdfa.ca.gov or send to the appropriate CDFA Animal Health district office within seven (7) calendar days following the end of each reporting quarter even if no tags were distributed or applied.

Official Ear Tags			Distributed To or Location of Animals When Applied				
Starting Ear Tag #	Ending Ear Tag #	Distribution or Application Date	Premises or Owner's Name	Physical Address	City	Zip	Telephone Number
EX: 93ABC1234	1256	7/1/15	Moo Cow Dairy	7890 E Main St	Sacramento	95814	(916) 900-5002
93							
93							
93							
93							
93							
93							
93							
93							
93							
93							