

FORMS INCORPORATED BY REFERENCE

- A. Report of Heifer Calves Vaccinated – Brucellosis, AHB Form 76-026 (Rev. 10/15).
- B. Pasture to Pasture Permit, AHB Form 76-074 (Rev. 10/15).
- C. One-Time Event Permit, AHB Form 76-074A (Rev. 10/14).
- D. Application for Designated Pen Status to Feed Tuberculosis or Brucellosis Exposed Cattle, AHB Form 76-197 (Rev. 4/15).
- E. Application for a Terminal Feedlot, AHB Form 76-198 (Rev. 4/15).
- F. Official Bovine Trichomonosis Test Report Form, AHB Form 76-199 (Rev. 10/15).
- G. Bovine Trichomonosis Test Report Continuation Form, AHB Form 76-199A (Rev. 10/15).
- H. Application for Slaughter Pen Status, AHB Form 76-200 (Rev. 4/15).
- I. Approved Tagging Site Agreement, AHB Form 76-201 (Rev. 10/14).
- J. Report of Heifers Spayed After Arrival, AHB Form 76-203 (Rev. 10/15).
- K. Report of Official Ear Tags Distributed or Applied, AHB Form 76-210 (Est. 10/15).

Adopt new Report of Heifer Calves Vaccinated – Brucellosis into Section 752 of Title 3 of the CCR

Please print information

STATE OF CALIFORNIA				
Department of Food and Agriculture				
Animal Health Branch				
REPORT OF HEIFER CALVES VACCINATED-BRUCELLOSIS				
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
			YEAR	
NUMBER OF CALVES VACCINATED		TAGS APPLIED?		
DAIRY	BEEF	TOTAL	YES	NO
TAG NUMBERS APPLIED				

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)

Form 76-026 (Rev. 10/15)

COPY - NOT A VALID RECEIPT



PASTURE-TO-PASTURE PERMIT

This agreement is for a Beef Breeding Herd for one (1) pasture grazing season, for the cattle, duration, and premises described. Permits are issued on a case-by-case basis. Requests must be submitted to the CDFA, Animal Health Branch, Livestock Movement section at least 30 days before the move. A copy of the approved permit will be sent to the applicant. Permit #: _____

Requested by: _____ Return by: Mail Fax E-mail

Phone #: _____ Fax #: _____ E-mail: _____

ORIGIN INFORMATION

Ranch Name: _____ Premises ID #: _____

Physical Cattle Location/GPS: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Cattle Owner/Manager: _____ Phone #: _____

Ranch Owner/Manager: _____ Phone #: _____

HERD AND HERD HEALTH INFORMATION

Brand Description: _____ Brand Location: _____

Date Leaving: _____ Date Returning: _____

Official ID: Yes No Type of official ID: Brucellosis tag Silverbrite RFID

Females _____ Bred # Calves _____ # Heifers: _____ # Bulls: _____ # Steers: _____

Years cattle moved to above destination: _____

Do cattle graze with other herds? Yes No If so, with whom: _____

Are fences intact and maintained? Yes No

Herd Veterinarian: _____ Phone #: _____

Are all female cattle over 12 months of age brucellosis vaccinated? Yes No

Has the herd been affected with or exposed to trichomonosis within the last 12 months? Yes No
If yes, one (1) negative DNA detection or amplification-based trichomonosis test. Attach copy of test charts.

Were all bulls tested for trichomonosis within the last 12 months? Yes No

Trich Test date: _____ # Tested: _____ **Attach copy of trichomonosis test charts.**

B

DESTINATION INFORMATION

Ranch Name: _____ Premises ID #: _____

Physical Cattle Location/GPS: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Cattle Owner/Manager: _____ Phone #: _____

Ranch Owner/Manager: _____ Phone #: _____

CONDITIONS OF AGREEMENT

I understand and agree to all the following (please initial each):

- _____ 1. Cattle are from a Beef Breeding Herd, established more than six (6) months, moving for grazing purposes without change of ownership.
- _____ 2. All cattle as described in this agreement are accounted for.
- _____ 3. The Department may modify the terms of this agreement due to a change in disease risk or status.
- _____ 4. Failure to comply with the provisions of this agreement may result in the termination of this Pasture to Pasture Permit and/or refusal to approve any future Pasture to Pasture Permits.
- _____ 5. This Pasture to Pasture Permit is good for one (1) seasonal movement (to and return within eight (8) months) and shall expire within eight (8) months from the date signed by the destination state's animal health official.
- _____ 6. All sexually intact cattle over 18 months of age bear individual official identification.
- _____ 7. No trader or recently assembled cattle are in the origin herd or the animals moving.
- _____ 8. All female cattle over 12 months of age entering or returning to California are officially brucellosis vaccinated and bear legible official brucellosis tattoos as evidence of vaccination.
- _____ 9. A Brand Inspection Certificate is required for all cattle within the 30 days prior to entering the destination state.
- _____ 10. Copies of the Brand Inspection Certificate and the approved Pasture-to-Pasture Permit shall accompany each load or part of a shipment of cattle entering California.

Name of Herd Owner or Legal Representative: _____

Signature: _____ Date: _____

APPROVAL (FOR OFFICIAL USE ONLY)

Signature of Origin State Official: _____ Date: _____

Signature of Destination State Official: _____ Date: _____

Special Instructions: _____

BRAND INSPECTION REQUIREMENTS REMAIN IN EFFECT



ONE-TIME EVENT PERMIT

This agreement is for the one-time movement for the feeder cattle, duration and premises described. Requests for permits must be submitted to the Animal Health Branch at least 30 days prior to the move. Approval is made on a case-by-case basis. A copy of the approved permit will be sent to the applicant as specified below.

Requested by: _____ Phone #: _____ Permit #: _____

Return by: Mail (as shown below) Fax #: _____ E-mail: _____

Request to move the following one-time event cattle into the State of _____

Spayed Heifers: _____ # Intact Heifers: _____ # Steers: _____

Description and location of brand: _____

EVENT INFORMATION

Name of Event Date(s) of Event

Name of Venue Name of Contact Person

Physical Address or Location City State Zip Code

Date cattle are leaving origin: _____ Date cattle are returning (within 21 days): _____

ORIGIN OF CATTLE

(Name of Ranch)

(Physical location)

(Mailing Address)

(City, County, State, Zip)

(Cattle Owner)

(Cattle Manager)

(Manager Phone #)

PREMISES CATTLE ARE RETURNING TO

(Name of Ranch or Feedlot)

(Physical Location)

(Mailing Address)

(City, County, State, Zip)

(Property Owner)

(Cattle Manager)

(Manager Phone #)

e

Will these cattle be in contact with any other cattle? YES NO

Are the fences intact and well maintained? YES NO

Are appropriate biosecurity measures maintained at the facility? YES NO

Are these animals identified with an official eartag? YES NO

Are all intact female cattle 12 months of age or older brucellosis vaccinated? YES NO

Herd Veterinarian _____ Phone # _____

CONDITIONS OF AGREEMENT

I understand and agree to all the following (please initial each):

_____ 1. Cattle described herein are feeder cattle moving for use at an event without change of ownership.

_____ 2. Cattle will not be comingled with or have fence line contact with cattle from other owners while at the destination premises. They will remain at a facility maintaining appropriate biosecure conditions.

_____ 3. Cattle testing positive for tuberculosis, brucellosis, or other diseases must be fully evaluated by the Designated State Epidemiologist or a state animal health official before any movement.

_____ 4. All animals as described in this agreement are accounted for.

_____ 5. A copy of an Certificate of Veterinary Inspection and this approved One-Time Event Permit must accompany each load or part of a shipment of cattle as represented by this agreement.

_____ 6. The Department may modify the terms of this agreement due to a change in disease risk or status.

_____ 7. Failure to comply with the provisions of this agreement may result in the termination of this permit and/or refusal to approve any future One-Time Event Permits.

_____ 8. Brand Inspection requirements remain in effect; contact your state's Brand Inspection officials for current requirements or more information.

Name of Owner or Legal Representative: _____

Signature: _____ Date: _____

APPROVALS (FOR OFFICIAL USE ONLY)

Signature of State Official at Origin: _____ Date: _____

Signature of State Official at Destination: _____ Date: _____

Special Instructions: _____

State of California
Department of Food and Agriculture
1220 N Street
Sacramento, CA 95814

Permit # _____
U.S. Department of Agriculture
Veterinary Services
10365 Old Placerville Rd., Ste. 120
Sacramento, CA 95827

**APPLICATION FOR DESIGNATED PEN STATUS
To Feed Tuberculosis or Brucellosis Exposed Cattle**

I/We, hereby request the approval of the pens numbered _____

located on _____
(Premises Name) (Premises ID)

at _____
(Address) (City) (County) (State) (Zip)

as designated pens for feeding restricted cattle known to be exposed to tuberculosis and/or brucellosis pursuant to the California Code of Regulations, Title 3, Article 4, Chapter 7, section 1302.

I/We, do hereby agree to:

1. All cattle entering designated pens are considered restricted and may only be moved from those pens directly to a recognized slaughtering establishment or to other designated pens.
2. All cattle must bear official individual identification and records must be maintained for all animals entering and leaving the designated pens including:
 - a. Buyer's and Seller's name and address.
 - b. Number of animals.
 - c. Description of each animal including sex, age, breed, and official identification.
 - d. Date of entry and Date animals shipped from feedyard.
 - e. Terminal destination of the animals.
3. Double cattle-proof fencing is required to separate restricted cattle from non-restricted cattle. The separation required:
 - a. Brucellosis. All designated pens must be separated by at least 12 feet from non-restricted areas.
 - b. Tuberculosis. All designated pens must be separated by at least 30 feet from non-restricted areas.
4. Not allow restricted and non-restricted cattle to share watering systems, feed troughs or hospital pens.
5. Not allow pasturing or grazing of the restricted cattle.
6. Notify the CDFA District Office when we receive restricted cattle at the premises.
7. Record birth or mortality of restricted cattle by date and official individual animal identification.
8. Clean and disinfect any common processing areas and/or equipment used for processing or treating restricted cattle with an approved disinfectant before use for non-restricted cattle.
9. Require workers coming in direct contact with restricted cattle or their excrement to change outerwear and disinfect their boots before moving to an area with non-restricted cattle.

- 10. Allow CDFA/USDA personnel to periodically inspect the restricted cattle, the designated pens and review all associated records.
- 11. Maintain records for a minimum of five (5) years.

I have read and understand the above provisions and acknowledge receipt of a copy of the California Code of Regulations, Title 3, Article 4, Chapter 7, section 1302.

(Name of Premises)

(Mailing Address)

(Owner or Manager Name & Phone Number)

By _____
(Signature of Owner or Manager)

(Date)

Recommended by:

(District Supervisor/Supervising Inspector)

(Date)

APPROVED
California Department of Food and Agriculture
Animal Health and Food Safety Services
Animal Health Branch

APPROVED
U.S. Department of Agriculture
Animal & Plant Health Inspection Services
Veterinary Services

By _____

By _____

(Title)

(Title)

Date: _____

Date: _____

DESIGNATED PEN ASSIGNED NUMBER: _____

Permit valid for one (1) year from date of approval.

Permit # _____

State of California
Department of Food and Agriculture
1220 N Street
Sacramento, CA 95814

U.S. Department of Agriculture
Veterinary Services
10365 Old Placerville Rd., Ste. 120
Sacramento, CA 95827

APPLICATION FOR A TERMINAL FEEDLOT

I/We, hereby request approval of

_____ (Feedlot Name) _____ (Premises ID)

at _____ (Address) _____ (City) _____ (County) _____ (State) _____ (Zip)

as a Terminal Feedlot for feeding restricted cattle destined for slaughter in compliance with California Code of Regulations, Title 3, Article 4, section 1303.

I/We, do hereby agree to:

1. All cattle entering a terminal feedlot are considered restricted and may only be moved from the feedlot directly to a recognized slaughtering establishment or to other slaughter pens or to another terminal feedlot.
2. All cattle must bear identification as required by the Department and records must be maintained for all animals entering and leaving the slaughter pens including:
 - a. Buyer's and Seller's name and address.
 - b. Number of animals.
 - c. Description of each animal including sex, age, breed and identification.
 - d. Date of entry and Date animals shipped from feedyard.
 - e. Terminal destination of the animals.
3. Not feed any cattle for future use as breeding stock.
4. Not allow pasturing or grazing of the restricted cattle.
5. Record birth or mortality of cattle by date and animal identification.
6. Allow CDFA/USDA personnel to periodically inspect the restricted cattle, the facility and review all associated records.
7. Maintain all cattle movement records for a minimum of five (5) years.

E

Permit # _____

I have read and understand the above provisions and acknowledge receipt of a copy of the California Code of Regulations, Title 3, Article 4, Chapter 7, section 1303.

(Print Name of Owner or Manager) Phone Number

(Address)

Signature of Owner or Manager Date

Recommended by:

District Supervisor/Supervising Inspector

Date

APPROVED
California Department of Food and Agriculture
Animal Health and Food Safety Services
Animal Health Branch

APPROVED
United States Department of Agriculture
Animal & Plant Health Inspection Services
Veterinary Services

By _____

By _____

(Title)

(Title)

Date: _____

Date: _____

Permit is valid for one (1) year from date of approval.

Adopt new Official Bovine Trichomonosis Test Report Form into section 820.55 of Title 3 of the CCR

DEPARTMENT OF FOOD AND AGRICULTURE
ANIMAL HEALTH AND FOOD SAFETY SERVICES
1220 N STREET, SACRAMENTO, CA 95814
TELEPHONE: (916) 900-5002

STATE OF CALIFORNIA

OFFICIAL BOVINE TRICHOMONOSIS TEST REPORT FORM

County _____	District _____	Premises ID _____	Lab Accession # _____	TEST DATE _____
OWNER Name: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Physical Address of Herd: _____ Latitude: _____ Longitude: _____ City: _____ State: _____ Zip: _____ Phone: _____ E-mail: _____			REASON FOR TEST <input type="checkbox"/> Interstate Movement <input type="checkbox"/> Show/Sale <input type="checkbox"/> Herd Health <input type="checkbox"/> Pasture to Pasture <input type="checkbox"/> Affected Herd <input type="checkbox"/> Exposed Herd <input type="checkbox"/> Stud Services <input type="checkbox"/> Other (List below) _____	TOTAL # SAMPLES Bulls _____ Cows _____
				ALL ELIGIBLE BULLS TESTED? <input type="checkbox"/> Yes <input type="checkbox"/> No
VETERINARIAN License # _____ State: _____ Name: _____ Clinic: _____ Mailing Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ Cell: _____ Fax: _____ E-mail: _____			ID TYPE USED <input type="checkbox"/> Silver Brite <input type="checkbox"/> RFID <input type="checkbox"/> Registration Tattoo <input type="checkbox"/> Registration Brand	Total Bulls in Herd _____ Total Cows in Herd _____
				PRODUCTION TYPE <input type="checkbox"/> Beef <input type="checkbox"/> Dairy
			If exposed, list affected herd: _____	APPROVED LABORATORY <input type="checkbox"/> CAHFS <input type="checkbox"/> Other (Lab. Name) _____
				DATE RECEIVED _____ FINAL DATE READ _____ READ BY _____
			PREVIOUS TEST DATE(S) 1st _____ 2nd _____ 3rd _____	SAMPLE TYPE <input type="checkbox"/> Bull - Preputial Scraping <input type="checkbox"/> Bull - Preputial Wash <input type="checkbox"/> Cow - Uterine <input type="checkbox"/> Other _____

OFFICIAL ANIMAL IDENTIFICATION	OTHER ID	BREED	AGE	SEX	TEST RESULT(S)				COMMENTS
					CULTURE (InPouch)	CULTURE (Diamond's)	PCR		
							C	Q	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

I certify the animals listed above are officially identified and tested for Trichomonosis and that I am approved to collect samples.

VETERINARIAN'S SIGNATURE _____ DATE _____
 OWNER OR AGENT SIGNATURE _____ DATE _____

Send pink copy to your Animal Health Branch District Office within 48 hrs if any positive, within 30 days if all negative.
 Electronic version available at: http://www.cdfa.ca.gov/ahfs/Animal_Health/Trichomonosis_Info.html

F

Adopt new Bovine Trichomonosis Test Report Continuation Form into section 820.55 of Title 3 of the CCR.

DEPARTMENT OF FOOD AND AGRICULTURE
 ANIMAL HEALTH AND FOOD SAFETY SERVICES
 1220 N STREET, SACRAMENTO, CA 95814
 TELEPHONE: (916) 900-5002

STATE OF CALIFORNIA
BOVINE TRICHOMONOSIS TEST REPORT CONTINUATION FORM

VETERINARIAN					License #		Page		of
OWNER NAME					TEST DATE				
OFFICIAL ANIMAL IDENTIFICATION	OTHER ID	BREED	AGE	SEX	TEST RESULT(S)				COMMENTS
					CULTURE (InPouch)	CULTURE (Diamond's)	PCR		
				C			Q		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									

I certify the animals listed above are officially identified and tested for Trichomonosis and that I am approved to collect samples.

VETERINARIAN'S SIGNATURE _____ DATE _____
 OWNER OR AGENT SIGNATURE _____ DATE _____

Send a copy of this form to your Animal Health Branch District Office within 48 hrs if any positive, within 30 days if all negative.
 Electronic version available at: http://www.cdfa.ca.gov/ahfss/Animal_Health/Trichomonosis_Info.html



State of California
Department of Food and Agriculture
1220 N Street
Sacramento, CA 95814

Permit # _____
U.S. Department of Agriculture
Veterinary Services
10365 Old Placerville Rd., Ste. 120
Sacramento, CA 95827

APPLICATION FOR SLAUGHTER PEN STATUS

I/We, hereby request the approval of the pens numbered * _____

located on _____
(Premises Name) (Premises ID)

at _____
(Address) (City) (State) (Zip) (County)

as slaughter pens for feeding restricted cattle destined for slaughter in compliance with California Code of Regulations, Title 3, Article 4, section 1304.

I/We, do hereby agree to:

1. All cattle entering slaughter pens are considered restricted and may only be moved from those pens directly to a recognized slaughtering establishment or to other slaughter pens.
2. All cattle must bear identification as required by the Department and records must be maintained for all animals entering and leaving the slaughter pens including:
 - a. Buyer's and Seller's name and address.
 - b. Number of animals.
 - c. Description of each animal including sex, age, breed and identification.
 - d. Date of entry and Date animals shipped from feedyard.
 - e. Terminal destination of the animals.
3. Provide signage that clearly states "slaughter only" on each slaughter pen.
4. Maintain separation (no fence line contact) of cattle in slaughter pens from breeding cattle. This separation can be an alley if cattle are not kept in the alley.
5. Not allow restricted and non-restricted cattle to share watering systems, feed troughs or hospital pens.
6. Not allow pasturing or grazing of the restricted cattle.
7. Record birth or mortality of cattle in slaughter pens by date and animal identification.
8. Allow CDFA/USDA personnel to periodically inspect the restricted cattle, the slaughter pens and review all associated records.
9. Maintain records for a minimum of five (5) years.

*Actual pen numbers may be changed with prior approval of CDFA/USDA personnel.

Permit # _____

I have read and understand the above provisions and acknowledge receipt of a copy of the California Code of Regulations, Title 3, Article 4, Chapter 7, section 1304.

(Name of Premises)

(Mailing Address)

(Owner or Manager Name and Phone Number)

(Designated Employee Name and Phone Number)

(Signature of Owner or Manager)

(Date)

Recommended by:

(District Supervisor or Supervising Inspector)

(Date)

APPROVED

California Department of Food and Agriculture
Animal Health and Food Safety Services
Animal Health Branch

APPROVED

U.S. Department of Agriculture
Animal & Plant Health Inspection Services
Veterinary Services

By _____

By _____

(Title)

(Title)

Date: _____

Date: _____

DESIGNATED PEN ASSIGNED NUMBER: _____

Permit valid for one (1) year from date of approval.

Adopt new Approved Tagging Site Agreement into section 831.1 of Title 3 of the CCR.

State of California
Department of Food and Agriculture
Animal Health & Food Safety Services
Animal Health Branch
Livestock Movement Section
1220 N Street
Sacramento, CA 95814

U. S. Department of Agriculture
Animal and Plant Health Inspection Service
Veterinary Services
10365 Old Placerville Road, Suite 120
Sacramento, CA 95827

Approved Tagging Site Agreement

Name of Facility			Premises ID
Address	City	State	Zip Code
Business Telephone		Fax Number	

I, _____ (Owner/manager), of _____ (Name of facility) agree to maintain the above mentioned tagging site and administer the tagging of livestock in accordance with all of the following:

1. Accept only cattle from "farm of origin" defined as a premises where a group of animals have been established as a herd for more than four (4) months (Title 3, CCR section 830). When cattle are assembled from multiple locations prior to being shipped to California, the official identification must correlate to the origin of the cattle prior to being assembled.
2. Obtain official identification eartags only from State or Federal animal health officials.
3. Unload animals only when the owner or the person in possession, care, or control of the animals when brought to the tagging site agrees to have the animals officially identified in accordance with approved tagging site protocols.
4. Officially identify all animals in accordance with Title 3, CCR article 14 and 9 CFR Part 86, including:
 - a. Apply official eartags to animals before commingling with animals from different premises; use a backtag or another method to accurately maintain the animal's identity until the official eartag is applied. Official identification must correlate to the person responsible for shipping the animal.
 - b. Only apply official eartags to animals not already officially identified except as provided in Title 3, CCR section 831.2(b) and 9 CFR Part 86.4(c).
 - c. Removal and/or replacement of official identification devices must be in accordance with Title 3, CCR section 831.2(c) and (d) and 9 CFR Part 86.4(d) and (e).
5. Maintain tagging records which at minimum include:
 - a. Name and address of the owner or person responsible for the animals tagged.
 - b. Official identification numbers of the tags applied.
 - c. Date the official identification eartags were applied.
 - d. Interstate Livestock Entry Permit number authorizing the shipment.

I

6. Allow the Department and/or USDA to review all records upon request.
7. Ensure the security of unused official eartags and tagging records by:
 - a. Maintaining a record of all official identification eartags received and applied at the tagging site for a minimum of 5 years.
 - b. Keeping the inventory of unused tags and records in a secure place, accessible only to authorized personnel.
 - c. Immediately reporting any lost or stolen tags to the appropriate State or Federal animal health official.

State and Federal animal health officials agree to:

- Oversee the administration of tagging sites in their geographic area.
- Provide tagging sites with an adequate supply of official eartags.
- Keep a record of official eartags provided to tagging sites.
- Provide education and oversight of the distribution record system and inventory control through the normal review process.

Terms of Agreement

Failure to comply with the provisions of this agreement may result in the Department's termination of this agreement, and/or refusal to accept any new or renewal agreements for the Approved Tagging Site. This agreement is valid until December 31 of the 2nd calendar year. Renewal of an existing Approved Tagging Site Agreement is required on or before December 1 in the year the current agreement expires.

Signatures

Printed Name and Signature of Tagging Site Owner or Manager	Date
---	------

Printed Name and Signature of Animal Health Branch District Official	Date
--	------

Printed Name and Signature of USDA, APHIS, VS Official	Date
--	------

Printed Name and Signature of Animal Health Branch Headquarters Official	Date
--	------



State of California
 Department of Food and Agriculture
 Animal Health Branch

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:

J

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.

#	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				
17				
18				
19				
20				
21				
22				
23				
24				
25				

