



CALIFORNIA DEPARTMENT OF  
FOOD & AGRICULTURE

### **Certificate of Independent Review and Completion of Trichomonosis Sample Collection and Evaluation Training**

I have viewed the video presentation, "Bovine Trichomonas Sampling: Sample Collection Training for Veterinarians", produced by CDFA and UC Davis School of Veterinary Medicine. Furthermore, I am a USDA accredited veterinarian and have a valid license to practice veterinary medicine in California.

\_\_\_\_\_  
Veterinarian

\_\_\_\_\_  
Clinic Name

\_\_\_\_\_  
Address (Home address if no clinic)

\_\_\_\_\_  
City, State, Zip Code, County

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CA License Number

\_\_\_\_\_  
License Expiration Date

\_\_\_\_\_  
National Accreditation Number

\_\_\_\_\_  
Date Accredited

**Please return form to your District Animal Health Branch Office.**

Once this form is returned, a certificate will be issued from CDFA Animal Health Branch  
Headquarters and will be mailed to address listed above.

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