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OMB APPROVED
0579-0047
EXP: 09/30/2022

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

BRUCELLOSIS TEST RECORD - CONTINUATION SHEET

Complete all entries on VS Form 4-33 before using this form

HERD NUMBER

PAGE NUMBER

HERD OWNER (LAST NAME, FIRST NAME, MI)

DATE BLED

VETERINARIAN

TUBE NUMBER	2	RECORD ALL IDENTIFICATION NUMBERS	VACC TATTOO	AGE	BREED	SEX	RAP	LABORATORY RESULTS					TEST INTERP	REMARKS AND ADDITIONAL INFORMATION	REACTOR TAG NUMBER	
								BAPA	CARD	FPA ΔmP	CF	OTHER				