

- Areas in **Red** are to be filled out by the submitting Vet
  - \*Area in **Yellow**: Agree Code = Your accreditation Code (Not your State Liscence)
- Areas in **Blue** are filled out by the Laboratory Performing the Test

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control numbers for this information collection are 0579-0047 and 0579-0185. The time required to complete this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved  
0579-0047 and 0579-0185

**ALL INCOMPLETE RECORDS WILL BE RETURNED FOR COMPLETION**

**COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM**

**BRUCELLOSIS TEST RECORD**

STATE												
COUNTY	CODE											
HERD NUMBER	HERD OWNER (LAST NAME, FIRST NAME MI)					PREVIOUS TEST DATE	VET CODE	TOTAL	REA	SUS		
PREMISES ID NUMBER	ROUTE-STREET-ROAD					CERTIFICATION FOR PAYMENT						
	POST OFFICE					STATE		ZIP CODE		<input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> FFS BASIS (FARMER) <input type="checkbox"/> STATE COUNTY <input type="checkbox"/> PRIVATE (Owner's expense)		
REASON FOR TEST <input type="checkbox"/> INITIAL <input type="checkbox"/> RETEST			GPS COORDINATES									
Slaughter Pass	1	HC Cert Validation	6	COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS <input type="checkbox"/> YES <input type="checkbox"/> NO NO # IN HERD				SUMMARY		I CERTIFY: That I have drawn blood samples from each animal identified below and have correctly listed each tube number with corresponding identification number, all numbers and letters of all ear tags have been listed, cattle with existing official ear tags have not been re-tagged, and when payment is claimed at program expense in accordance with agreement number below, no payment has been or will be received from any other source.		
Live Mt. Pass	2	Post Move Quar Test	7					KIND OF HERD <input type="checkbox"/> DAIRY <input type="checkbox"/> BEEF <input type="checkbox"/> MIXED <input type="checkbox"/> SWINE <input type="checkbox"/> OTHER (Specify below)				NEGATIVE
Susp. Ring Test	3	Arms Test	8	REACTORS TAGGED AND BRANDED DATE: _____ SIGNATURE: _____		SUBJECT						ROUTE STREET ROAD
Diagnostic	4	Epidemiology	9			REMAINS LABORATORY PLACE: _____ DATE Rec'd: _____		READTOR				POST OFFICE
Pvt. Sale	5	Other (Specify below)	10	DATE TESTED: _____ BY: _____				TOTAL		REACTORS TAGGED AND BRANDED DATE: _____ SIGNATURE: _____		AGREE CODE

TUBE NUMBER	#	RECORD ALL IDENTIFICATION NUMBERS	VACC TATTOO	AGE	BREED	SEX	LABORATORY RESULTS					TEST PR-TEMP	REMARKS AND ADDITIONAL INFORMATION	REACTOR TAG NUMBER	
							R/F	B/PA	CARD	F/PA	CF				OTHER

RT - Ring  
 NA - Natural Addition  
 PA - Purchased Addition  
 AB - Aborter

Record ALL Ear tag(s) and Tattoo(s)

Record ALL Legible Characters

FIELD TEST CODE  
 N - Negative  
 P - Positive

TEST INTERPRETATION  
 N - Negative  
 S - Suspect  
 R - Reactor  
 Cattle/Goat/Other  
 By: \_\_\_\_\_  
 Date: \_\_\_\_\_

TEST AUTHORIZATION EXPRESS

VS FORM 4-33  
JUNE 2014

**Arizona Point of Contact:**

USDA APHIS Veterinary Services  
ATTN: SPRS  
6200 Jefferson Street NE, Ste. 117  
Albuquerque, NM 87109

Phone: 505-761-3160

Fax: 505-761-3176

**Brucellosis Test Record Form Instructions:**

- VS Form 4-33 must be completed for each animal or each herd tested.
- A separate form must be completed for each species tested.
- It is REQUIRED to list the reason for the test.

Examples include:

1. Export
2. Interstate Movement
3. Sale
4. Show or Fair
5. Diagnostic Assessment (such as abortion)
6. Owner Request

## VS Form 4 – 33: Brucellosis Test Record - Definitions

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### **STATE, COUNTY**

Enter the location of the herd; it may not be the same as the owner's residence.

### **CODE**

Enter the correct county code if instructed by your SAHO or AVIC. If you do not know the correct code, leave the block blank.

### **HERD OWNER**

Enter last name, first name, middle initial, and complete mailing address. Be consistent among tests for the same owner — for example, James Jones v. J. Jones v. Jones Bros.

### **REASON FOR TEST**

Indicate whether this is the initial test or a retest. If you check the retest block, enter that test date in the **PREVIOUS TEST DATE** block. The vet code is assigned by your State. This information may be preprinted on the form. Indicate the reason for the test (e.g., export). If none of the first 9 reasons apply, check item 10, Other, and briefly explain in the REMARKS block.

### **COMPLETE HERD TEST OF ALL ELIGIBLE ANIMALS**

Check either Yes or No to indicate whether this test is a complete herd test (all eligible animals are being tested). Enter the number of eligible animals in the herd.

### **KIND OF HERD**

Enter the type of herd-dairy, beef, or mixed, or swine, or other (e.g., caprine).

### **AGREE CODE**

Certification for payment may be fee-basis or private, depending on the State. Your agreement code is assigned by your SAHO or AVIC.

### **SIGNATURE**

Sign the form and provide your address. Remember, this is a legal document; be sure to sign it. Provide the complete address, including ZIP Code. (The date should be the date the animal was bled.)

### **TUBE NO.**

Follow instructions from the laboratory you use on how to number the tubes.

### **SIGNATURE**

This is a legal document; be sure to sign it.

### **DATE OF VACCINATION**

Enter the date that the vaccination was performed.

### **AGREE CODE**

Enter your agreement code provided by the State.

### **CERTIFICATION OF OWNER OR WITNESS**

Have the owner or a witness sign and date the form.

### **CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS**

Mark this block if calfhood vaccinates are being retagged. Sign and date. Retagging is always done at the owner's expense.

### **IDENTIFICATION NUMBER**

Enter the vaccination tag number from the eartag that you are applying. Note any other permanent identification numbers, if present.

**AGE (MO.)** List the age in months.

**BREED** Use the breed codes listed in table 3.

**SEX** Enter F.

**P/B-GRADE** Mark this block if the animals are purebred (registered) or grade calves.

**TATTOO** List the present tattoo if retagging.