BRUCELLOSIS VACCINATION RECORD

ALL CHARTS MUST BE SUBMITTED WITHIN 5 BUSINESS DAYS

KS-CV1

Kansas Department of Agriculture Animal Health Division

1320 Research Park Dr., Manhattan, KS 66502

HERD OWNER LAST FIRST INITIAL	**ANIMAL LOCATION**	VACCINE USED	EXPIR. DATE
OWNER STREET ADDRESS	PHYSICAL ADDRESS/ LEGAL LOCATION DESCRIPTION	SERIAL NUMBER	VAC. TATTOO
CITY COUNTY STATE ZIP	CITY COUNTY STATE ZIP	DOSAGE ☒FULL ☐REDUCED	

APPROVED AGE TO VACCINATE: 4 thru 12 MONTHS

NO.	IDENTIFICATION NUMBER	AGE MO.(s)	BREED	SEX	REG. TATTOO
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					

I certify that I have vaccinated with strain RB51, tattooed and recorded all information as prescribed by State Regulations, making this a true Calfhood Vaccination Record for the above owner.

SIGNATURE: _____

Veterinarian Name(Print): _____

Address: _____

_____

Date _____ NAN. _____

CERTIFICATION OF OWNER OR WITNESS

I certify the identification and ages of animals listed on this chart to be correct.

Signature _____ Date _____

NO.	IDENTIFICATION NUMBER	AGE MO.(S)	BREED	SEX	REG. TATTOO
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					

CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS

☐Indicate tattoo of animals previously vaccinated in appropriate column

I CERTIFY THAT I have personally examined the animal(s) noted hereon, and have read the official tattoo(s) and have retagged them as shown.

Signature

Email completed form to: kda.CalfhoodVaccination@ks.gov

Submit Print Save