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OMB Approved
0579-0047
Exp.:4/30/2016

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

POUOAWT OOU

UCOAOUMBER

HERD OWNER (LAST NAME, FIRST NAME, MI)

ÓCVOÓCÓO

XOVUOCEJWB

WOO NUMBER	G	ÜÖÜÜÖ ÖCŞ IDENTIFICATION NUMBER(S)	XCÖÖ VÖVUU	AGE	ÖÜÖÖÖ	ÜÖÜ	LABORATORY RESULTS					VÖUV ÖE VÖÜE	ÜÖT ÖJSÜ ÖÖ ÖÖÖÖWPOCŞ ÖÖÜT ÖCWB	REACTOR TAG PWT ÖÜ
							ÜCÜ	ÖÖÖCE	CARD	FPA ΔmP	ÖÖ			