According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for **OMB Approved** this information collection is 0579-0146. The time required to complete this information collection is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and 0579-0146 EXP: XX/XXXX maintaining the data needed, and completing and reviewing the collection of information. INSTRUCTIONS: To be used ONLY for multiple animal shipments. Numbering for the items INVESTIGATION FOR EVIDENCE OF UNITED STATES DEPARTMENT OF AGRICULTURE duplicate the numbers used on the VS Form 6-4B. ANIMAL AND PLANT HEALTH INSPECTION SERVICE **TUBERCULOSIS VETERINARY SERVICES** (Exposed Animal(s) – Continuation) 1. NAME AND ADDRESS OF OWNER OF INFECTED HERD (include State and ZIP Code) Note: Animals from the infected herd (Item I, VS Form 6-4B) were exposed to reactors and (Identification will be the same as Item 1 of VS Form 6-4B) subsequently sold to owner listed on this continuation sheet. Evidence suggests that the subsequent owner's herd should be investigated for possible tuberculosis. 16. TO WHOM SOLD (To be investigated) 17. ADDRESS SUBSEQUENT OWNER OF EXPOSED ANIMAL 18. COUNTY 19. STATE 20. OWNER CLASS ("X" as appropriate) (1) FARMER (3) STOCKYARD (2) DEALER (4) SALES RING (See codes at top of VS Form 6-4B) 14. DATE SOLD 8. SALES-MARKET 15. DESCRIPTION (Color, markings, horns) 7. IDENTIFICATION TAG OR TATTOO 9. AGE 13. RAISED ON RETAINED TAG (Registration No. and name if purebred) 10. BREED 11. SEX 12. SOLD FOR MONTH YEAR FARM