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USDA - APHIS - VETERINARY SERVICES

FORM APPROVED -
OMB NO. 0579-0084

NAME OF HERD OWNER (Last, First, Middle Initial)

ADDRESS (Including Zip Code)

COMPARATIVE TEST

PRIOR CFT OR SCT

NUMBER TESTED

DATE INJECTED

NUMBER TESTED

DATE INJECTED

COMPARATIVE RETEST

OBSERVATION DATE

NEG.

SUS.

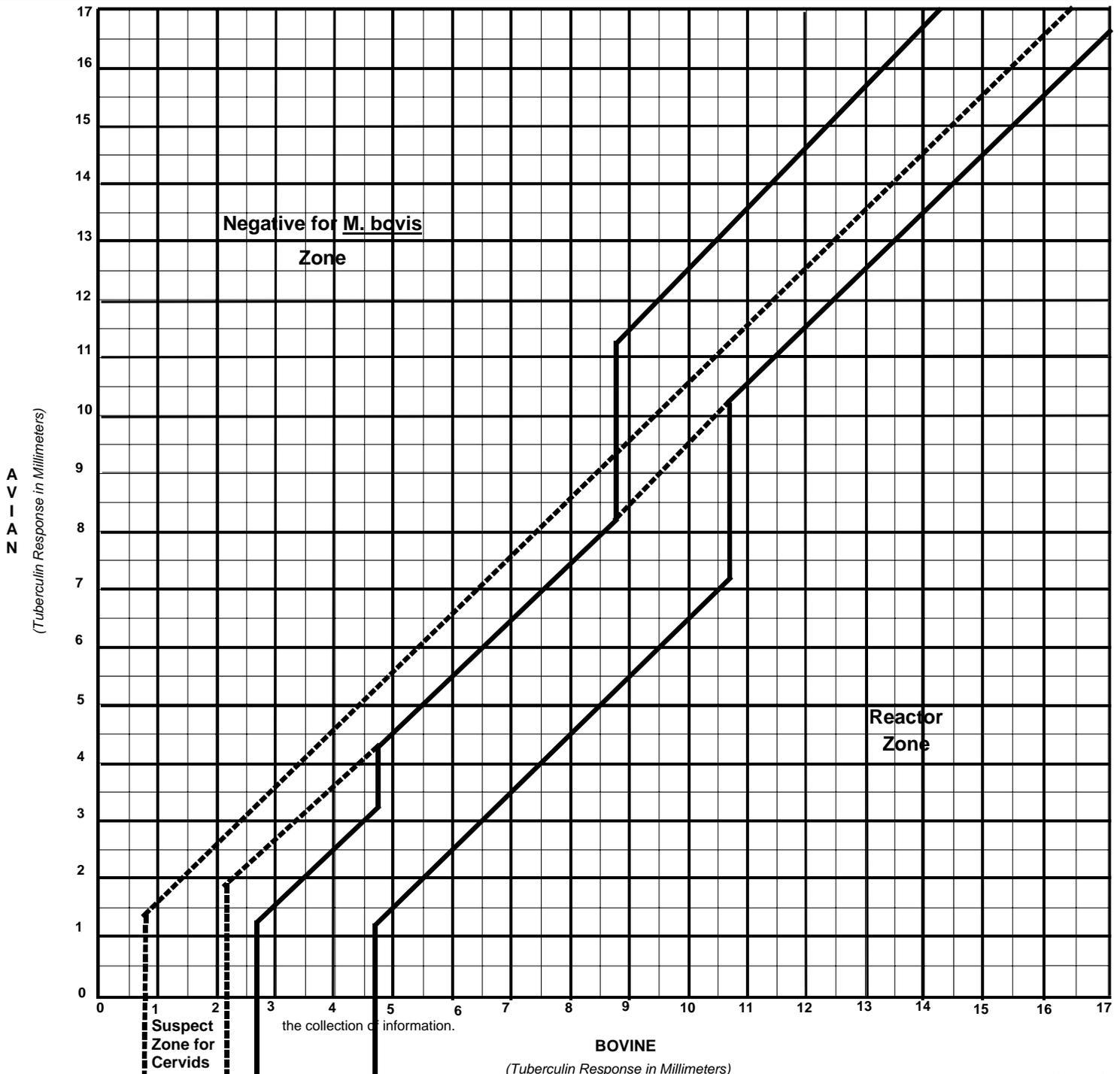
REA.

1ST 2ND 3RD

NAME OF VETERINARIAN

TITLE

DATE



COPY DESIGNATIONS

- PART 1 - STATE - FEDERAL OFFICE**
- PART 2 - TESTING VETERINARIAN**
- PART 3 - REGIONAL EPIDEMIOLOGIST**