

QUARTERLY REQUEST FOR PRRS CERTIFICATION – MONITORING PHASE

PRRS Certification

Premises: _____

PRRS Herd #: _____

1. The enclosed laboratory test charts indicate negative PRRS ELISA test results.
2. This test was completed on _____, 20____. This quarterly test was for the period from _____, 20____, to _____, 20____ (3 month period).
3. This herd requests re-certification.
4. I verify all blood samples were collected by me, or under the direct supervision of, a licensed accredited veterinarian and individual official ID was present on all tested animals as listed on the test charts.

Herd Veterinarian

Date

Approved By: _____
SD Animal Industry Board

Date