

ANNIVERSARY DATE: _____

SOUTH DAKOTA ANIMAL INDUSTRY BOARD INVENTORY FORM

PERMIT NO: _____

APPLICATION FOR ACCREDITED TB, CERTIFIED BRUCELLOSIS, AND CWD HERD STATUS FOR CERVIDAE

(605) 773-3321

OWNER: _____ SIGNATURE OF ATTENDING VETERINARIAN: _____

***CALL AIB PRIOR TO FILLING OUT THIS FORM.
SEND TO: 411 S FORT ST; PIERRE, SD 57501**

ID = ALL TAGS, METAL, OR PLASTIC, TATTOOS, CHIPS ** MO / YR & SOURCE ANIMAL	TEST	OFFICIAL ID#	AGE	SEX	ASNT I A M T A U L S	CWD	REASON FOR TEST	INJ &/OR BLED DATE OF TEST	T	B	R	U	C	PLACE OF TEST & TESTING VETERINARIAN	HERD TESTY /N	QUALIFIED 1 OR 2 TB ACCREDITED TB CERTIFIED BRUC OPEN	DATE OF LAST WHOLE HERD TEST (IF APPL.)	DISPOSITION OF ANIMALS
																STATUS OF HERD AS A RESULT OF THIS TEST		
ID#	1																	Date:
	2																	Death: ___ Slaughter ___ Sale ___
SPECIES	3																	Lab/Plant:
**	4																	Sold to:
	5																	City/State:
ID#	1																	Date:
	2																	Death: ___ Slaughter ___ Sale ___
SPECIES	3																	Lab/Plant:
**	4																	Sold to:
	5																	City/State:
ID#	1																	Date:
	2																	Death: ___ Slaughter ___ Sale ___
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	5																	City/State:
ID#	1																	Date:
	2																	Death: ___ Slaughter ___ Sale ___
SPECIES	3																	Lab/Plant:
**	4																	Sold to:
	5																	City/State:

ANIMAL STATUS: M-MEMBER; BA-BIRTH ADDITION; PA-PURCHASED ADDITION; D-DEATH; S-SOLD; E-ESCAPE

CWD STATUS: M1, M2, M3, M4, C (Certified)