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