OADDL SWINE TEST CHART

Brucellosis / Pseudorabies

Owner Name		Phone No.		Blood Draw Date			
Physical Address		County		Federal Premises ID No. **REQUIRED**			
City	State OK	Zip Code		**Office Use Only**	Brucellosis / Pseudorabies		
Clinic Name		Reason for Test **REQUIRED**		Date Received		NEG	
Veterinarian Name (Print)	Phone No.	Exhibition		Date Reported		POS	
		Sale					
Email Address **REQUIRED**		Monitored Herd		Performed By		SUS	
		Retest					
Signature	Accreditation No.	Regulatory		VQ Herd No.		TOTAL	
		V/Q Herd					

TUBE NO.	EAR NOTCH/ FARM TAG	OFFICIAL ID **840 EID Tags Required for Show Pigs & VQ Testing**	AGE	BREED	SEX	REMARKS	**Office Use Only** BRUCELLOSIS / PSEUDORABIES	