

OADDL SWINE TEST CHART

Brucellosis / Pseudorabies

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

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	