

COOPERATIVE STATE-FEDERAL TUBERCULOSIS ERADICATION PROGRAM

TUBERCULOSIS TEST RECORD



Owner Information	Test Information		Summary
Name: Physical Address: City, State, Zip: Jerome, ID 83338 Premises ID: Phone: County: Jerome	Test Type: Initial Whole Herd Test: No Number of Animals Tested: 6 Reason for Test: Milk Ordinance Test Method: Caudal Fold (CFT)	Herd Species: Goats Injection Date: 02/17/2025 Injection Time: 4 PM Date Test Read: 02/20/2025 Time Test Read: 4 PM Expense Type: Owner's Expense	Negative: 6 Suspect: 0 Reactor: 0 Total: 6

Veterinary Certification				
I certify that this test was made and read by me on each of the animals identified below on the dates and with the results as entered in appropriate spaces, and when payment is claimed at program expense, no payment has been or will be received from any other source.				
Digitally Signed By:	Address:	City, State, Zip:	Phone:	Email:
Date: 02/21/2025	USDA Accreditation #: 100429	State License #		

Animal Information

Official Identification	Alternate Identification	Age (In Months)	Breed	Sex	Test Interpretation	Remarks
FLTR17	JUBILEE	24	Nigerian Dwarf	Female	Negative	
XV7753	LIZZI	9	Nigerian Dwarf	Female	Negative	
4MEM7	SOFIA	60	Nigerian Dwarf	Female	Negative	
4MEN16	JERSEY	36	Nigerian Dwarf	Female	Negative	
1VAEM12	MARY	60	Nigerian Dwarf	Female	Negative	

Official Identification	Alternate Identification	Age (In Months)	Breed	Sex	Test Interpretation	Remarks
KRER44	LICORICE	24	Nigerian Dwarf	Female	Negative	

COOPERATIVE STATE-FEDERAL BRUCELLOSIS ERADICATION PROGRAM

BRUCELLOSIS TEST RECORD



Owner Information	Test Information	Herd Information	Summary
Name: Physical Address: City, State, Zip: Jerome, ID 83338 Premises ID: Phone: County: Jerome	Type of Test: Initial Reason for Test: Idaho Raw Milk Program Remarks: Date Bled: 02/17/2025 Expense Type: Owners Expense	Complete Herd Test: No Number in Herd: 5 Kind of Herd: Goats DSA Herd: No	Negative: 5 Suspect: 0 Reactor: 0 Positive: 0 Accession #: 25-06786

Veterinary Certification				
I certify that I have drawn blood samples from each animal identified below and have correctly listed each tube number with the corresponding identification number, all numbers and letters of all eartags have been listed, cattle with existing official eartags have not been retagged, and when payment is claimed at program expense, no payment has been or will be received from any other source.				
Digitally Signed By	Address	City, State, Zip:	Phon	Email
Date: 02/18/2025 11:53:36 AM	USDA Accreditation #:	State License #:		

Laboratory Information and Results		
Laboratory: ISDA	Date: 02/21/2025	Signature of Technician: Smith, Tessera

Animal Information										
Tube #	Official Identification(id)	Alternate ID	Vaccination Tattoo	Age (In Months)	Rap	BAPA	FPA	Other Tests	Final Test Interp	Remarks
Jubilee	FRLTR17			24					Neg	
Lizzi	XV7753			9					Neg	
Sofia	4MEM7			60					Neg	

Tube #	Official Identification(id)	Alternate ID	Vaccination Tattoo	Age (In Months)	Rap	BAPA	FPA	Other Tests	Final Test Interp	Remarks
Jersey	4MEN16			36					Neg	
Mary	1VAEM12			60					Neg	



Department Of Livestock
PO Box 202001
Helena, MT 59620
Phone: 408-444-2976
Fax: 408-444-1929

<https://livestock.mt.gov/AnimalHealth/Import-Requirements>

CERTIFICATE OF VETERINARY INSPECTION
Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM
For Interstate Travel - Certificate Valid for 30 days from Inspection

CERTIFICATE NUMBER

25-MT-23084879

INSPECTION DATE 2025-02-03	ISSUE DATE 2025-02-07	ENTRY PERMIT NUMBER	BRAND INSPECTION NUMBER & ISSUE DATE
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ORIGIN OF SHIPMENT	CONSIGNOR, PRESENT OWNER OF SHIPMENT	DESTINATION OF SHIPMENT Jerome, ID 83338 Phone: PIN/LID: /	CONSIGNEE, NEW OWNER OF SHIPMENT Jerome, ID 83338 Phone: PIN/LID: /	CARRIER, TRANSPORTER Jerome, ID 83338 Phone: / PIN/LID: /
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SPECIES - NUMBER IN SHIPMENT Caprine (Dairy) - 1 animal	PURPOSE(S) OF MOVEMENT Sale	CARRIER TYPE Truck/Trailer	HERD STATUS NUMBER	HERD FREE FOR	CURRENT STATE/AREA STATUS
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REMARKS/ADDITIONAL CERTIFICATION STATEMENTS
All animals identified on this certificate of veterinary inspection have been examined and found to be free from Vesicular Stomatitis. During the last thirty (30) days, these animals have neither been exposed to Vesicular Stomatitis nor located on a premises where Vesicular Stomatitis has been diagnosed. I The animal(s) in this shipment were not exhibiting clinical signs associated with scrapie at the time of the examination. I I have examined all animals listed on this certificate of veterinary inspection and included within this shipment and found them to be free from clinical signs of infections or contagious diseases.
Shipping Date: 2025-02-15

Name: Krebs C Licorice | DOB: 2023-04-08 | Color: Black & Tan Sundgau w/White; Blue Eyes | Gender: Female | Breed: Nigerian Dwarf | Head Count: 1

Official ID Types: Ear Tattoo, Ear Tattoo | IDs:
RE: KRE, LE: R44

Remarks:
Temperature: 103.6

Tests						
Name	Type	Lab	Test Date	Accession	Result Date	Result
Brucella	Card Test	Montana Veterinary Diagnostic Laboratory 1911 West Lincoln Street Bozeman, MT 59718	2025-02-04	25-12114	2025-02-04	Negative

OWNER / AGENT STATEMENT The animals in this shipment are those certified to and listed on this certificate. Signature _____ Date _____	VETERINARIAN'S SIGNATURE: This is a legally binding equivalent of a handwritten signature. 2025-02-07 09:15:11 MST	VETERINARIAN CERTIFICATION - I certify, as an accredited Veterinarian, that the above animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease, (except where noted). The vaccinations and results of tests are indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.	License Number and State: National Accreditation Number: 103067
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