**Remit To: Vendor/EIN# EFT**

# Veterinarian’s Name: Practice/Clinic Name: Mailing Address: Phone Number:

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| **Laboratory Accesstion # or**  **Vaccination Certificate #** | **Date Bled**  **or**  **Vaccinated** | **Mitigation Plan #**  **or**  **“Movement” (“M”)**  **or**  **“Change of Ownership “ (“CO”)** | **Producer’s Name & Address** | **DSA County where cattle reside or left** | **# of Head Tested** | **Fee per head** | **Extended Fee** |
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**Invoice Date: TO**

# Send Invoice To: Attn: Bruc Comp, WLSB, 1934 Wyott Drive, Cheyenne WY 82002

**Affidavit**

## State of

ss

I, , Certify that all of the livestock on this (Veterinarian’s Signature)

form have been blood-tested for Brucellosis by myself.

The tests have been sent to the

## County of

The foregoing instrument was acknowledged before me by , this day of , 20 .

Laboratory located at

Name of Lab

Mailing Address

and

## Witness my hand and official seal.

Phone Number Area Code and Number

## My commission expires on:

Signature of Notary Public

**Veterinarian’s Name of Vendor Code: Invoice Date: \_\_\_\_ to \_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
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| **Laboratory Accesstion # or**  **Vaccination Certificate #** | **Date Bled**  **or**  **Vaccinated** | **Mitigation Plan #**  **or**  **“Movement” (“M”)**  **or**  **“Change of Ownership “ (“CO”)** | **Producer’s Name & Address** | **DSA County where cattle reside or left** | **# of Head Tested** | **Fee per head** | **Extended Fee** |
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