

RECORD OF OFFICIAL TAGS APPLIED *and/or* DISTRIBUTED BY ACCREDITED VETERINARIANS

This form is to be returned to the Office of State Veterinarian within 7 days of the date that the tags are applied.

ACCREDITED VETERINARIAN NAME:	ACCREDITATION NUMBER:
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OR APPROVED TAGGING SITE/PRODUCER:

PHYSICAL ADDRESS (NO PO BOXES, PLEASE):

CITY/STATE/ZIP:

PHONE:

NUES/Scrapie Ear Tags Applied	Livestock Operation Where Tags Applied
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NOTE: PLEASE REPORT ORANGE BRUCellosIS/CALFHOOd VACCINATION TAGS ON A VACCINATION FORM.

Date	State Series	Alpha Series	1st Tag	Last Tag	Owner Name	Physical Address	City	ST	Zip	Species
<i>mm/dd/yy</i>	<i>61</i>	<i>SXV</i>	<i>1000</i>	<i>3999</i>	<i>J A Farmer</i>	<i>123 Main Street</i>	<i>Anywhere</i>	<i>KY</i>	<i>42312</i>	<i>Bovine</i>

RFID Ear Tags Applied	Livestock Operation Where Tags Applied
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Date	RFID	1st Tag	Last Tag	Owner Name	Physical Address	City	ST	Zip	Species
<i>mm/dd/yy</i>	<i>840</i>	<i>123456789123</i>	<i>-9823</i>	<i>J A Farmer</i>	<i>123 Main Street</i>	<i>Anywhere</i>	<i>KY</i>	<i>42312</i>	<i>Bovine</i>

Return to: Kentucky Department of Agriculture
 Office of State Veterinarian OR Fax to (502) 573-1020 OR Scan and Email: statevet@ky.gov
 109 Corporate Dr
 Frankfort, KY 40601

*This form may be duplicated.
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