

VERMONT AGENCY OF AGRICULTURE, FOOD AND MARKETS
116 State St., Montpelier, VT 05620-2901
Brucellosis Ring Test Submission Form

NAME AND ADDRESS OF PRODUCER	NAME AND ADDRESS OF VETERINARIAN

The signor below certifies that they took this milk sample and that it is representative of all milking cattle on the premises.

DATE OF SAMPLING	TIME OF SAMPLING	SIGNOR - PRINT
Number of milking age animals		SIGNOR-SIGNATURE

LAB USE:	
DATE SAMPLE RECEIVED:	SAMPLE CONDITION:
DATE & TIME ANALYZED:	ANALYZED BY:
RESULT:	
COMMENTS:	