REQUEST FOR WAIVER CALFHOOD VACCINATION AGAINST BRUCELLOSIS

NORTH DAKOTA DEPARTMENT OF AGRICULTURE
STATE BOARD OF ANIMAL HEALTH
SFN 60303 (1-2013)

Name		Home Telephone Number	Cell Phone Number	
Address		City	State	ZIP Code
E-Mail Address		County		
Legal description where animal(s) will be kept	Township	Range	Section	
Number of Animal(s)				
Description of Animal(s) Requesting to be Imported. Include age, sex, breed, official identification. Also, provide the source of the animal(s) including name, address, and telephone number.				

Initial on each line. If approved, I understand the following criteria** must be met:

_____ Official breed registered animal(s) only.

_____ A Certificate of Veterinary Inspection and an importation permit number from the State Board of Animal Health State Veterinarian's office must be obtained prior to entry.

_____ Animal(s) must have permanent official individual identification and the identifications listed on the certificate of veterinary inspection.

_____ If Canadian origin, animal(s) must have the CAN brand (2"-3"), high on the right hip.

_____ Animal(s) must have a negative brucellosis and tuberculosis test within 30 days prior to entry.

_____ Animal(s) shall be isolated upon arrival until they are retested for brucellosis within 30-60 days after arrival.

_____ Animal(s) shall remain on your premises for three years or if sale is necessary they can be sold “slaughter only” during that time, with prior notice to the Board. Following this three-year period there will be no further restrictions upon these animals.

_____ Animal(s) shall be made available to an agent of the State Board of Animal Health for inspection with prior notification and during normal working hours.

_____ An annual inventory report which describes the current status of the animal(s) is due on or before January 1 of each year for the three year period and shall be provided to the State Board of Animal Health.

_____ If approved, animal(s) shall be in the state within 60 days of approval or a new request must be submitted.

**Violation of these criteria may result in an action by the State Board of Animal Health and up to a $5000 fine.

Signature of Applicant	Date Signed
Signature of State Veterinarian (or designee)	Date Signed

You will be notified in writing within 5 days whether this request has been approved or denied or if the request will be deferred to the next quarterly meeting of the State Board of Animal Health.

For Office Use Only:

☐ Approved ☐ Denied ☐ Deferred to Next Board Meeting	Date