Veterinary Accreditation in Illinois: State Overview

Bureau of Animal Health and Welfare
Illinois Department of Agriculture
State Responsibilities

- Administer laws pertaining to importation of animals into Illinois
- Administer laws pertaining to animal health and regulatory disease programs
- License businesses and individuals such as livestock auction markets, and livestock dealers
- Conduct animal disease outbreak investigations
- Respond to humane care complaints
- License pet shops, kennels, breeders, shelters, animal control facilities
Acts Administered by the Bureau
Animal Health Acts

- Animal Disease Laboratories Act
- Bovine Brucellosis Eradication Act
- Illinois Bovidae and Cervidae Tuberculosis Eradication Act
- Illinois Diseased Animals Act
- Illinois Equine Infectious Anemia Control Act
- Illinois Feeder Swine Dealer Licensing Act
- Illinois Livestock Dealer Licensing Act
- Illinois Pseudorabies Control Act
- Illinois Swine Brucellosis Eradication Act
- Illinois Swine Disease Control and Eradication Act
- Livestock Auction Market Law
- Poultry Inspection Act
- Slaughter Livestock Buyers Act
- Trichinosis Control Act
Acts Administered by the Bureau Animal Welfare

- Animal Welfare Act
- Animal Control Act
- Humane Care for Animals Act
- Dead Animal Disposal Act
- Domestic Animals Running at Large Act
- Feeding of Garbage to Animals Act
- Brand Act
- Horse Meat Act
Acts Administered by the Bureau

Acts and regulations are available online at:
http://www.agr.state.il.us/Laws/index.html
Illinois Diseased Animals Act
Reportable Diseases in Illinois

- anthrax
- avian influenza
- bluetongue
- brucellosis -- bovine, canine, swine, equine and caprine
- chronic wasting disease (CWD) - cervids
- contagious equine metritis
- equine infectious anemia
- equine viral encephalitides
- fowl typhoid
- hog cholera
- infectious encephalomyelitis -- avian
- infectious laryngotracheitis
- monkeypox
- Mycoplasma gallisepticum -- turkeys
- Mycoplasma synoviae -- turkeys
- Newcastle disease
- paramyxovirus infection
- paratuberculosis -- (Johne's disease)
- piroplasmosis

- plague
- pseudorabies -- (Aujeszky's disease)
- psittacosis -- (ornithosis)
- pullorum disease
- Q fever
- rabies
- salmonella enteritidis -- poultry
- salmonella typhimurium -- poultry
- scabies -- cattle and sheep
- scrapie
- transmissible spongiform encephalopathy (TSE)
- trichinellosis
- tuberculosis -- bovine
- tularemia
- vesicular conditions of any type
- West Nile Virus
- Any contagious or infectious disease presently considered as "exotic", i.e., not known to exist in the United States
Illinois Diseased Animals Act (Section 85.10)

Any herd owner, flock owner, veterinarian or other person having knowledge of the disease, failing to report a suspect case of any of the above diseases immediately after discovery, or who is responsible for the spread of the disease, shall be subject to penalty as provided by law.

Reports of any of the above diseases shall be made to the Department, telephone 217/782-4944.

Faxed copies are requested at 217/558-6033
Illinois Livestock Auction Market Law
Auction Market Law

- Applies to “sale barns”
- Sale barns are required to have a veterinarian
- Veterinarian’s responsibilities
  - Sanitation
  - Inspect animals at the barn
  - Complete CVI’s
  - Quarantine animals when disease is detected
Auction Market Law

Auction market must make a request for a specific veterinarian

Veterinarian must:

- Be licensed
- Be accredited
- Have a good understanding of the laws and regulations pertaining to markets, official ID, and movement of livestock
All EIA blood samples drawn within Illinois must be collected by an Illinois licensed and accredited veterinarian.

- EIA form must be fully completed
  - Draw in markings
  - Provide written description of markings

Sale
- Current EIA test

Exhibition
- Current EIA test
- No CVI required
Illinois Animal Welfare Act
Illinois Animal Welfare Act

Provides for regulation of Bureau licensees

- Pet shops
- Dog breeders
- Kennels
- Catteries
- Dog dealers

- Animal Shelters
- Foster homes
- Animal control facilities
- Guard dog services
Illinois Humane Care For Animals Act
Illinois Humane Care For Animals Act

- Humane care and treatment
- Owner's duties
- Shelter
- Animals in entertainment
- Animal fighting

- Cruel treatment
- Aggravated cruelty
- Animal torture
  - When observed by or presented to a veterinarian, must be reported to the Department
Illinois Animal Control Act
Illinois Animal Control Act

- County animal control facilities
- Dangerous dogs
- Vicious dogs
- Impoundment
- Registration and tags
- Microchipping
- Rabies vaccination
Illinois Animal Control Act

Rabies Vaccination

- Manufacturers vaccine labeling indications are accepted in Illinois
- All dogs 16 weeks of age and older are required to be vaccinated against rabies
- There is no state regulation requiring rabies vaccination in cats
  - County ordinance may require vaccination
Rabies Vaccination

Rabies vaccine must be administered by a licensed veterinarian

Rabies vaccine is not to be sold or distributed to owners

There is no recognized rabies vaccine approved for use on wild animals

Wild animals shall not be vaccinated against rabies

“Wild Animal” means wolf, coyote, or the offspring of a mating between a wolf or coyote and a dog
Certificate of Veterinary Inspection (CVI)
All animals listed must be inspected by the issuing veterinarian.

Corrections on CVI’s are not acceptable.

Record all manmade ID on the CVI.

List only one animal per line.

**DO NOT** pre-sign CVI’s.

Maintain control of all blank CVI’s.

Keep a copy for your records.
CERTIFICATE OF VETERINARY INSPECTION

<table>
<thead>
<tr>
<th>SPECIES</th>
<th>PURPOSE OF MOVEMENT</th>
<th>HERD OR FLOCK STATUS</th>
<th>LAST TEST DATE</th>
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- For Cattle: Breeding, Feeding, Sale, Show, Slaughter, Other
- For Poultry: Breeding, Feeding, Sale, Show, Slaughter, Other
- For Goat: Breeding, Feeding, Sale, Show, Slaughter, Other
- For Horses: Breeding, Feeding, Sale, Show, Slaughter, Other
- For Sheep: Breeding, Feeding, Sale, Show, Slaughter, Other
- For Cervidae: Breeding, Feeding, Sale, Show, Slaughter, Other
- For Swine: Breeding, Feeding, Sale, Show, Slaughter, Other
- For Other: Breeding, Feeding, Sale, Show, Slaughter, Other

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<thead>
<tr>
<th>HERD OR FLOCK STATUS</th>
<th>LAST TEST DATE</th>
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<tr>
<td>Bruc. Certified</td>
<td>No._________</td>
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<tr>
<td>Bruc. Validated</td>
<td>No._________</td>
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<tr>
<td>PRV Qualified</td>
<td>No._________</td>
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<td>Johne's</td>
<td>No._________</td>
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<tr>
<td>Scrape</td>
<td>No._________</td>
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<tr>
<td>Other</td>
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<th>EARTAG, TATTOO OR OTHER PERMANENT IDENTIFICATION</th>
<th>REGISTRY NAME AND ADDRESS AND/OR DESCRIPTION</th>
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<td>Date</td>
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<td>Lab</td>
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<th>BRUC. VACC.</th>
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<td>Lab</td>
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<th>OTHER TESTS</th>
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<tbody>
<tr>
<td>Date</td>
<td>Test</td>
</tr>
<tr>
<td>Lab</td>
<td>Date &amp; Lab</td>
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</tbody>
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CERTIFICATION OF ISSUING VETERINARIAN: I certify, as an accredited veterinarian, that the above described 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 as 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 warranty is made or implied.

Date Issued
X Signature of Accredited Veterinarian

Date Inspected
Printed Name

Address

Telephone Number

PERMIT NUMBER

33V 44926

(revised 6/98)
Complete addresses are required. Include origin address if it is different from owners'.
### CERTIFICATE OF VETERINARY INSPECTION

**Check with destination for permit requirement**

<table>
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<tr>
<th>SPECIES</th>
<th>PURPOSE OF MOVEMENT</th>
<th>HERD OR FLOCK STATUS</th>
<th>LAST TEST DATE</th>
<th>ACCREDITED VETERINARIAN SIGNATURE</th>
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<tr>
<td>Cattle</td>
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**EARTAG, TATTOO OR OTHER PERMANENT IDENTIFICATION**

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**Date Issued**

**Signature of Accredited Veterinarian**

**Address**

**Date Inspected**

**Printed Name**

**Telephone Number**
## Certificate of Veterinary Inspection

### Owner or Consignor
- **Address:**

### Consignee
- **Address:**

### Reconsigned To:
- **Destination Address:**

### County of Origin
- **Premise ID #:**

### NO. Animals in Shipment:

### Species
- Cattle
- Poultry
- Goat
- Horses
- Bison
- Sheep
- Cervidae
- Swine
- Other

### Purpose of Movement
- Breeding
- Feeding
- Sale
- Show
- Slaughter
- Other

### Herd or Flock Status
- TB Accred.
- Bruc. Certified
- Bruc. Validated
- PRV Qualified
- Johne's
- Scrapie
- Other

### Last Test Date

### Accredited Veterinarian Signature

### Vaccination and/or Treatment
- For: Date
- Product

### Eartag, Tattoo or Other Permanent Identification

### Registry Name and Address and/or Description

### Age

### Sex

### Breed

### TB Test
- Inj.: Date
- Obs. (72hrs.): Lab

### Brucellosis
- BRUC. VACC.: Date
- TATTOO SYMBOL: Lab
- OTHER TESTS: Date & Lab

### PRV Test

### Other Tests

### Certification of Issuing Veterinarian:
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### Date Issued

### Signature of Accredited Veterinarian

### Address

### Date Inspected

### Printed Name

### Telephone Number

---

**Record # of Animals** (Highlighted)
CERTIFICATE OF VETERINARY INSPECTION

Owner or Consignor:

Consignee:

Reconsigned To:

Origin Address (If Different From Above):

Destination Address (If Different From Above):

County of Origin:

Premise ID #:

No. Animals in Shipment:

Species:
- [ ] Cattle
- [ ] Pork
- [ ] Goat
- [ ] Horse
- [ ] Sheep
- [ ] Swine
- [ ] Other

Purpose of Movement:
- [ ] Breeding
- [ ] Feeding
- [ ] Sale
- [ ] Show
- [ ] Slaughter
- [ ] Other

Herd or Flock Status:
- [ ] TB Accred.
- [ ] Bruc. Certified
- [ ] Bruc. Validated
- [ ] PRV Qualified
- [ ] Johne’s
- [ ] Scrapie
- [ ] Other

LAST TEST DATE:

ACCREDITED VETERINARIAN SIGNATURE

VACCINATION and/or TREATMENT

For

Date

Product

Ear Tag, Tattoo or Other Permanent Identification:

Registry Name and Address and/or Description:

Age

Sex

Breed

TB Test

Brucellosis

BBU:

VACC:

Tattoo Symbol:

PRV Test

Other Tests

RESULTS

Date

Obs. (72hrs.)

Lab

RESULTS

Date

Lab

RESULTS

Date & Lab

Certification of Issuing Veterinarian:

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No warranty is made or implied.

Date Issued

Signature of Accredited Veterinarian

Address

Date Inspected

Printed Name

Telephone Number

IL406-0454 (Revised 6/99)
## Indicate purpose of Movement

### Purpose of Movement

- Cattle
- Poultry
- Goats
- Breeding
- Sale
- Sheep
- Cervidae
- Swine
- Other
- Slaughter
- Other

### Herd or Flock Status

- TB Accred.
- Bruc. Certified
- Bruc. Validated
- PRV Qualified
- Johnne's
- Scrape
- Other

### LAST TEST DATE

- TB Accred.
- Bruc. Certified
- Bruc. Validated
- PRV Qualified
- Johnne's
- Scrape
- Other

### ACCREDITED VETERINARIAN SIGNATURE

### VACCINATION and/or TREATMENT

- For
- Date
- Product

### Eartag, Tattoo or Other Permanent Identification

### Registry Name and Address and/or Description

### AGE SEX BREED

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### TB TEST BRUCELLOSIS

- Inj.
- Date
- Obs. (72hrs.)
- Lab

### PRV TEST

- BRUC. VACC:
- Date
- Test
- TATTOO SYMBOL
- Lab
- Date & Lab

### OTHER TESTS

- RESULTS
- RESULTS
- RESULTS
- RESULTS

### CERTIFICATION OF ISSUING VETERINARIAN

I certify, as an accredited veterinarian, that the above described 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 as 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 warranty is made or implied.

### Signature of Accredited Veterinarian

Date Issued

Date Inspected

Printed Name

Telephone Number

**FORM M-120**

IL406-0454 (Revised 6/99)
**CERTIFICATE OF VETERINARY INSPECTION**

**Record herd status**

<table>
<thead>
<tr>
<th>Species</th>
<th>Purpose of Movement</th>
<th>Hard or Flock Status</th>
<th>Last Test Date</th>
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<td>Johne's</td>
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<td>Scrapie</td>
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<td>Other</td>
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- **Ear-tag, Tattoo or Other Permanent Identification**
- **Registry Name and Address and/or Description**
- **Age**
- **Sex**
- **Breed**

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<tr>
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<th>RESULTS</th>
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**ATCCREDITED VETERINARIAN SIGNATURE**

**VACCINATION and/or TREATMENT**
- **For**
- **Date**
- **Product**

**TB TEST**
- **BRUCELLOSIS**
- **BRUC. TEST**
- **PRV TEST**
- **OTHER TESTS**

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**Date Issued**

**Signature of Accredited Veterinarian**

**Address**

**Date Inspected**

**Printed Name**

**Telephone Number**

**IL405-0454 (Revised 6/99)**
# Certificate of Veterinary Inspection

**Permit Number:** 33V 44926

## Owner or Consignor
- **Address:**

## Consignee
- **Address:**

## Origin Address (If Different From Above)
- **Address:**

## Destination Address (If Different From Above)
- **Address:**

## County of Origin
- **Premise ID #:**

## No. Animals in Shipment:

### Species
- **Cattle**
- **Poultry**
- **Goat**
- **Horses**
- **Bison**
- **Sheep**
- **Cervidae**
- **Swine**
- **Other:**

### Purpose of Movement
- **Breeding**
- **Feeding**
- **Sale**
- **Show**
- **Slaughter**
- **Other:**

### Herd or Flock Status
- **TB Accred.**
- **Bruc. Certified**
- **Bruc. Validated**
- **PRV Qualified**
- **Johnes’s**
- **Scraple**
- **Other:**

### Last Test Date
- **TB Test**
- **Brucellosis**
- **PRV Test**

### ACCREDITED VETERINARIAN SIGNATURE

**Vaccination and/or Treatment**
- **For:**
- **Date:**
- **Product:**

### Ear Tag, Tattoo or Other Permanent Identification

### Registry Name and Address and/or Description

### Age

### Sex

### Breed

### TB Test
- **Inj.**
- **Date**

### Brucellosis
- **Obs. (72hrs.)**
- **Lab**

### PRV Test

### Other Tests
- **Date & Lab**

**Certification of Issuing Veterinarian:** I certify, as an accredited veterinarian, that the above described 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 as indicated on this certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements.

**Signature of Accredited Veterinarian:**

**Date Issued:**

**Date Inspected:**

**Address:**

**Telephone Number:**

<table>
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<th>Ears Tag, Tattoo or Other Permanent Identification</th>
<th>Registry Name and Address and/or Description</th>
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**Official ID**

**ILN05-0454 (Revised 6/99)**
**CERTIFICATE OF VETERINARY INSPECTION**

**OWNER OR CONSIGNOR**

<table>
<thead>
<tr>
<th>ADDRESS</th>
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**ORIGIN ADDRESS (If Different From Above)**

<table>
<thead>
<tr>
<th>PREMISE ID #</th>
<th>NO. ANIMALS IN SHIPMENT</th>
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</table>

**Species**

- Cattle
- Poultry
- Goat
- Horses
- Bison
- Sheep
- Cervidae
- Swine
- Other

**Purpose of Movement**

- Breeding
- Feeding
- Sale
- Show
- Slaughter
- Other

**Herd or Flock Status**

- TB Accred.
- Bruc. Certified
- Bruc. Validated
- PRV Qualified
- Johne's
- Scrapie
- Other

**LAST TEST DATE**

- No.

**Eartag, Tattoo or Other Permanent Identification**

<table>
<thead>
<tr>
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<th>Age</th>
<th>Sex</th>
<th>Breed</th>
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**TB TEST**

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**RESULTS**

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**BRUCELLOSIS**

- Date

**RESULTS**

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**PRV TEST**

- Date

**RESULTS**

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**OTHER TESTS**

- Date

**ACCREDITED VETERINARIAN SIGNATURE**

**VACCINATION and/or TREATMENT**

For

Date

Product

**CERTIFICATION OF ISSUING VETERINARIAN:**

I certify, as an accredited veterinarian, that the above described 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 as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal intrastate requirements.

No warranty is made or implied.

Date Issued

Signature of Accredited Veterinarian

Address

Date Inspected

Printed Name

Telephone Number

IL405-0454 (Revised 6/99)
## Certificate of Veterinary Inspection

<table>
<thead>
<tr>
<th>Species</th>
<th>Purpose of Movement</th>
<th>Herd or Flock Status</th>
<th>LAST TEST DATE</th>
<th>ACCREDITED VETERINARIAN SIGNATURE</th>
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<tbody>
<tr>
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### Eartag, Tattoo or Other Permanent Identification

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<th>BRUCELLOSIS</th>
<th>PRV TEST</th>
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<td>Lab</td>
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</tbody>
</table>

### Results

1. Results
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3. Results
4. Results
5. Results
6. Results
7. Results
8. Results
9. Results
10. Results

### Certification of Issuing Veterinarian

I certify, as an accredited veterinarian, that the above described 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 as 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 warranty is made or implied.

Date Issued: [Signature of Accredited Veterinarian]

Date Inspected: 

Printed Name: 

Telephone Number: 

IL405-0454 (Revised 6/99)
<table>
<thead>
<tr>
<th>Species</th>
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<th>Herd or Flock Status</th>
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<tr>
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<tr>
<td>Horses</td>
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<td>Johnne's</td>
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**Vaccination and/or Treatment**

For: [ ]

Date: [ ]

Product: [ ]

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**RESULTS**

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**CERTIFICATION OF ISSUING VETERINARIAN:**

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No warranty is made or implied.

Date Issued: [ ]

Signature of Accredited Veterinarian: [X]

Address: [ ]

Date Inspected: [ ]

Printed Name: [ ]

Telephone Number: [ ]
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Date Issued
Signature of Accredited Veterinarian
Address
Date Inspected
Printed Name
Telephone Number

All Test Results
Issue date must be within 10 days of inspection date.
**CERTIFICATE OF VETERINARY INSPECTION**

<table>
<thead>
<tr>
<th>OWNER OR CONSIGNOR</th>
<th>CONSIGNEE</th>
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Don’t forget to sign!
Complete name and address

Must be a complete mailing address

Complete all information

Name, description, Any identification

Sign it!

Date it!
Calfhood Vaccination
Calfhood Vaccination

- Only female calves can be vaccinated
- Must use RB-51 vaccine
- Only calves between 120 – 240 days of age can be vaccinated
- Vaccination tattoo must be applied at the time of vaccination
- Calves must be officially identified at the time of vaccination
- Vaccination must be reported on official forms within 30 days of administration
What is Considered Official ID?

- Provides unique identification
- Numbers with an 840 prefix must include the U.S. shield
- Must be tamper resistant and have a high retention rate
- Must use one of the following systems
  - National Uniform Ear tagging System
  - Animal Identification Number (AIN)
  - Premises-based number system
  - Any other numbering system approved by the Administrator of APHIS
Examples of Official ID

- National Uniform Ear-tagging System
  - **33ABC1234**
  - Metal “cattle” tag

- AIN
  - **840 000 123 456 789** (with U.S. shield)
  - “840” tag

- Premises based numbering system
  - **33 IL04 123**
Acquiring Official ID

- National Uniform Ear-tagging System
  - Tags are available through the Galesburg Animal Disease Laboratory

- AIN
  - Obtain a Premises Identification Number (PIN)
  - Select the 840 device of your preference
  - Contact an AIN Device Manager or Reseller
  - Provide your PIN to the Device Manager or Reseller

- Premises based numbering system
  - Numbers are assigned through the office of the state veterinarian
When is Official ID Required?

- When animals are listed on a CVI
- When animals are moved interstate
- As required by federal veterinary accreditation standards
- When animals are required to be tested as a part of a state/federal regulatory disease program
  - Brucellosis, TB, Pseudorabies, Johne’s
- When animals are required to be identified under state/federal disease programs
  - CWD, Scrapie
The following are links to web sites containing information on official identification:

Emergency Response and Foreign Animal Disease Investigations
**Foreign Animal Diseases**

- Report all potential cases of foreign animal disease!
- Do not wait or disregard a potential case!
- Contact:
  
  Bureau of Animal Health and Welfare
  
  217 / 782-4944

  USDA / APHIS / VS
  
  217 / 547-6030
Clinical Comparisons: Snouts

- Swine Vesicular Disease
- Vesicular Stomatitis
- Foot and Mouth Disease
- Vesicular Exanthema
Clinical Comparisons: Feet

- Swine Vesicular Disease
- Foot-and-mouth
- Vesicular Exanthema

Photos: www.aphis.usda.gov
State / Federal Response

- Respond with a FADD within 24 hours
  - Collect samples and ship to appropriate lab
  - Perform epi investigation
  - Ensure premises is secure
  - Educate producer regarding biosecurity
- Conduct area surveillance
IVERT

- Illinois Veterinary Emergency Response Team
- Over 200 volunteer private practitioners and affiliated members
- Assist in the development and implementation of county emergency response plans
- Provide assistance as needed to State animal health officials in an emergency response
Finally!!!!!!!