



**Wisconsin Department of Agriculture,
Trade and Consumer Protection**
Division of Animal Health
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OFFICE USE ONLY		
Signature of approval by Designated Tuberculosis Epidemiologist		

Date Received	Amount Received	Check Number

ACCREDITED TUBERCULOSIS-FREE HERD STATUS APPLICATION FOR BOVINE OR BISON

Issued under the provisions of section ATCP 10.14, Wis. Admin. Code and the Tuberculosis Uniform Methods and Rules.

This application is used to apply for Accredited Tuberculosis-Free herd status for bovine or bison animals. For initial Accredited Tuberculosis-free herd status, the herd must test negative on at least two consecutive official tuberculosis tests conducted between 9 and 15 months apart. The anniversary date will be the observation date of the second annual herd test or if herd status is based on purchased animals, the anniversary date will be the same as the seller's. For continuous Accredited-Free herd status, the herd must pass a negative tuberculosis test within 21-27 months of the anniversary date.

Every application for Accredited-Free herd status shall include a nonrefundable fee of \$100 for two year certification. The "state office" copy of the whole herd Tuberculosis test results (VS form 6-22 green sheet) must accompany this application.

Owner Information			
Name of Legal Entity or Person that owns herd		Business Name (if different)	
First Name of Contact Person	Last Name of Contact Person	Phone number () -	
Mailing Address	City	State	Zip Code
Herd Information			
Address (if different than above)		City	State Zip Code
County		Livestock Premises Code	
Qualifying Method			
Two Whole Herd tests for Initial Certification <input type="checkbox"/>	Whole Herd Retest for Recertification <input type="checkbox"/>	Purchased animals from an Accredited Tuberculosis-Free herd <input type="checkbox"/>	
Current Accred. TB-Free Herd # _____			
If herd is a purchased herd, provide seller's name and address:			
Veterinary Information			
Herd Veterinarian's Name		Herd Veterinary Clinic's Name	
Address of Veterinary Clinic		City	State Zip Code
Veterinarian Phone Number () -		Veterinary Clinic Phone Number (if different) () -	
Fee			
<input type="checkbox"/> \$100 Fee for two year certification			
Please include with your application a check for \$100 payable to: WDATCP – Division of Animal Health and mail to PO Box 8911, Madison, WI 53708-8911.			
Applicant Certification and Signature			
I certify that the above information is true, correct and complete, including all required attachments. I hereby agree to comply with all applicable requirements under the Tuberculosis Uniform Methods and Rules.			
Signature of Applicant		Date of Application	