



# REQUEST FOR WAIVER CALFHOD VACCINATION AGAINST BRUCELLOSIS

NORTH DAKOTA DEPARTMENT OF AGRICULTURE

STATE BOARD OF ANIMAL HEALTH

SFN 60303 (5-2023)

Name of North Dakota Owner		Home Phone Number	Cell Phone Number	
Mailing Address		City	State	ZIP Code
Email Address		County	Federal or State Premises ID	
Legal description where animal(s) will be kept	Township	Range	Section	
Physical Destination Address of Animal(s) (PO Box not accepted)		City	State	ZIP Code
Number and description of animal(s) to be imported, including age, sex, breed, and official identification.				
Name of Seller		Phone Number	Email Address	
Mailing Address		City	State	ZIP Code
Physical Origin Address of Animal(s) (PO Box not accepted)		City	State	ZIP Code

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

- \_\_\_\_\_ A Certificate of Veterinary Inspection (CVI) and an importation permit number from the North Dakota State Veterinarian's office must be obtained prior to entry.
- \_\_\_\_\_ Animal(s) must have permanent official individual identification and the identifications listed on the CVI.
- \_\_\_\_\_ If Canadian origin, animal(s) must have the CAN brand (2"-3"), high on the right hip or CAN ear tattoo.
- \_\_\_\_\_ Animal(s) must have a negative brucellosis test within 30 days prior to entry in addition to meeting other applicable state testing requirements.
- \_\_\_\_\_ Animal(s) shall be isolated upon arrival until they are retested for brucellosis between 30-60 days after arrival and negative test results have been received by the State Veterinarian's office.
- \_\_\_\_\_ Animal(s) shall be made available to an agent of the Board for inspection during normal working hours.
- \_\_\_\_\_ 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 Board and up to a \$5000 fine.

Upon sale of animal, brand inspectors may require a copy of the Canadian CVI for proof of ownership.

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

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

For Office Use Only:

<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Deferred to Next Board Meeting	Date
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