

# RECORD OF OFFICIAL TAGS APPLIED *and/or* DISTRIBUTED BY ACCREDITED VETERINARIANS

*This form is to be returned to the Office of State Veterinarian within 7 days of the date that the tags are applied.*

ACCREDITED VETERINARIAN NAME:	ACCREDITATION NUMBER:
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**OR** APPROVED TAGGING SITE/PRODUCER:

ADDRESS:

CITY/STATE/ZIP:

PHONE:

NUES/Scrapie Ear Tags Applied	Livestock Operation Where Tags Applied
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**NOTE: PLEASE REPORT ORANGE BRUCELLOSIS/CALFHOOD VACCINATION TAGS ON A VACCINATION FORM.**

Date	State Series	Alpha Series	1st Tag	Last Tag	Owner Name	Physical Address	City	ST	Zip	Species
<i>mm/dd/yy</i>	<i>61</i>	<i>SXV</i>	<i>1000</i>	<i>3999</i>	<i>J A Farmer</i>	<i>123 Main Street</i>	<i>Anywhere</i>	<i>KY</i>	<i>42312</i>	<i>Bovine</i>

RFID Ear Tags Applied	Livestock Operation Where Tags Applied
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Date	RFID	1st Tag	Last Tag	Owner Name	Physical Address	City	ST	Zip	Species
<i>mm/dd/yy</i>	<i>840</i>	<i>123456789123</i>	<i>-9823</i>	<i>J A Farmer</i>	<i>123 Main Street</i>	<i>Anywhere</i>	<i>KY</i>	<i>42312</i>	<i>Bovine</i>

Return to: Kentucky Department of Agriculture  
 Office of State Veterinarian      OR      Fax to (502) 573-1020      OR      Scan and Email: [statevet@ky.gov](mailto:statevet@ky.gov)  
 109 Corporate Dr  
 Frankfort, KY 40601

\*This form may be duplicated.  
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