



DATE REC'D: _____

PREMISES ID: _____

BRUCELLOSIS TEST REIMBURSEMENT SURVEY FOR DSA PRODUCERS

JULY 1, 2025 – JUNE 30, 2026

Brucellosis testing for the Designated Surveillance Area (DSA) is reimbursed to producers at a rate \$2 per head. Please complete this form to request reimbursement for on-ranch tests completed July 1, 2025 through June 30, 2026 for your operation. This form is not valid after June 30, 2026.

MAKE REIMBURSEMENT CHECK PAYABLE TO:

Name and address must have a current Montana W-9 on file.

RANCH WHERE TESTING WAS COMPLETED:

(This should be the name/address that appears on the test chart(s), if different from payee name/address)

NAME

RANCH NAME

MAILING ADDRESS

PHYSICAL ADDRESS

CITY, ST, ZIP

CITY, ST, ZIP

PHONE

EMAIL

SELECT ONE OPTION THAT BEST DESCRIBES YOUR OPERATION:

ANIMALS = Sexually intact cattle or domestic bison, 12 months of age or older. Please do not include steers, spayed heifers, or calves under one year of age in your responses.

YEAR-ROUND INSIDE THE DSA OR PROPERTY STRADDLES THE DSA BOUNDARY

APPROXIMATELY HOW MANY ***ANIMALS*** IN YOUR OPERATION? _____

BASED OUTSIDE THE DSA BUT SOME/ALL ANIMALS ENTER THE DSA FOR PART OF THE YEAR

APPROXIMATELY HOW MANY ***ANIMALS*** ENTER THE DSA? _____

INTO WHICH COUNTY(IES)? _____

APPROXIMATE DATES ANIMALS ARE IN THE DSA: _____

BASED INSIDE THE DSA BUT SOME/ALL ANIMALS LEAVE THE DSA FOR PART OF THE YEAR

APPROXIMATELY HOW MANY ***ANIMALS*** IN YOUR OPERATION? _____

APPROXIMATELY HOW MANY ***ANIMALS*** LEAVE THE DSA SEASONALLY? _____

INTO WHICH COUNTY(IES) DO THE ANIMALS GO WHEN THEY LEAVE? _____

APPROXIMATE DATES ANIMALS ARE OUT OF THE DSA: _____

OTHER (PLEASE DESCRIBE): _____

COMMENTS:

ENTER TEST INFORMATION ON PAGE 2

