

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

## APPLICATION FOR VETERINARY ACCREDITATION

1. NAME OF VETERINARIAN <i>(as used professionally, including degree)</i>		2. SOCIAL SECURITY NUMBER	
<b>3. SCHOOL/COLLEGE GRADUATED</b>			
3A. NAME	3B. CODE	3C. YEAR GRADUATED	
<b>4. INITIAL ORIENTATION COMPLETED</b>			
4A. DATE		4B. STATE	
5. BUSINESS ADDRESS		6. MAILING ADDRESS <i>(if different from Number 5)</i>	
7. OFFICE TELEPHONE NUMBER	8. HOME TELEPHONE NUMBER	9. NAME OF COUNTY WHERE PRACTICE IS LOCATED <i>(County Code to be entered by Veterinary Services)</i>	
10. PROFESSIONAL ACTIVITY	CODE	11. LICENSED TO PRACTICE VETERINARY MEDICINE IN THE FOLLOWING STATE(S) <i>(Give State and License Number, i.e., TX-00000)</i>	

### TASKS FOR ACCREDITED VETERINARIANS

1. Perform physical examinations of individual animals and visually inspect herds or flocks.
2. Recognize the common breeds of livestock.
3. Recognize brucellosis tattoos and calthood vaccination tags, and determine the State of origin of eartags.
4. Estimate the age of livestock using a dental formula.
5. Apply an eartag, tattoo, backtag, and legband.
6. Certify the disease status of a flock for shipment of birds.
7. Properly complete certificates for domestic and international movement of animals.
8. Apply and remove official seals.
9. Perform a necropsy on livestock.
10. Recognize signs and lesions of exotic animal diseases.
11. Plan a disease control strategy for a livestock unit.
12. Vaccinate for brucellosis and fill out the vaccination certificate.
13. Draw and ship blood for testing.
14. Perform a caudal fold test for tuberculosis.
15. Develop cleaning and disinfection plans to control communicable livestock disease spread.
16. Explain basic principles for control of diseases for which APHIS or APHIS-State cooperative programs exist, such as brucellosis, pseudorabies, and tuberculosis.

### CERTIFICATION

I certify that I am able to perform the tasks listed above and have been given a copy of the Standards for Accredited Veterinarian Duties. I agree to conduct all activities as an accredited veterinarian in accordance with the Standards for Accredited Veterinarian Duties contained in Title 9, Code of Federal Regulations, Subchapter J, Part 1613, and any amendments thereto which may subsequently be issued and in accordance with instructions received from the Veterinarian-in-Charge.

12. SIGNATURE OF VETERINARIAN	13. DATE
Signature of the Veterinarian-in-Charge and the State Animal Health Official appearing below denote endorsement of the applicant for veterinary accreditation.	
14. SIGNATURE OF VETERINARIAN-IN-CHARGE	15. DATE
16. SIGNATURE OF STATE ANIMAL HEALTH OFFICIAL	17. DATE