☐ TICKS ☐ SCABIES ☐ IMPORT

Failure to submit dip-vat samples may result in cancellation of "Agreement for Operation of Facility for Treatment of Cattle Scabies" (9 CFR 73).

FORM APPROVED
OMB NO. 0579-0051

DIP SAMPLE DATA

USDA-APHIS

Send parts 1, 2 and 3 with each lot of samples to:

National Veterinary Services Laboratories, Chemistry Section,
P. O. Box 844, Ames, Iowa 50010.
Part 4 is for the VS Station: part 5 is for the Vat Manager.

NAME OF PREMISES *(Print or Type)*

CHEMICAL BRAND NAME

CHEMICAL LOT NO.

LOCATION *(City and State)*

TRIAL CODE

VAT TYPE *(Specify--permanent swim, portable swim, cage, spray-dip, etc.)*

ANIMAL SPECIES

VAT CAPACITY

DATE LAST CLEANED AND CHARGED

SAMPLE		ANIMALS DIPPED		INITIAL CHARGE DATA		REPLENISHMENT DATA			STAGE SAMPLE TAKEN ("X")			FIELD TEST RESULTS		FOR LABORATORY USE ONLY			
														WATER CHEMICAL RATIOS		QUANTITATIVE ANALYSIS	
NO.	DATE TAKEN	SINCE PREVIOUS SAMPLE	TOTAL THIS BATH	GALLONS OF WATER	QUANTITY OF CHEMICAL ADDED	INITIAL BATH VOLUME	GALLONS OF WATER ADDED	QUANTITY OF CHEMICAL ADDED	INITIAL CHARGE	BEFORE REPLEN-ISHMENT	AFTER REPLEN-ISHMENT	pH	RESULTS	INITIAL	REPLEN-ISHMENT	NVSL LAB	OTHER LAB

SUBMITTED BY: *(Name & Complete Mailing Address - Please type or print clearly. Stay within brackets.)*

DATE SUBMITTED

PHONE NO. *(Include area code)*

DIPPED FOR: *("X" as appropriate.)* ☐ Infected or Infested ☐ Exposed ☐ Interstate Shipment ☐ Precautionary ☐ Other *(Specify)*

REMARKS

FOLD HERE

FOLD HERE

VS FORM 5-14
(MAR 81)

Previous editions obsolete.