



## REPORT of HEIFERS SPAYED AFTER ARRIVAL

Please complete the information below and email the completed form to [evet@cdfa.ca.gov](mailto:evet@cdfa.ca.gov) or send to the appropriate CDFA Animal Health Branch district office within seven days after spaying the heifers.

<b>Modesto</b>	3800 Cornucopia Way, Suite F Modesto, CA 95358	Telephone: (209) 491-9350 Fax: (209) 491-9353
<b>Ontario</b>	1910 S. Archibald Avenue, Suite Y Ontario, CA 91761	Telephone: (909) 947-4462 Fax: (909) 923-5128
<b>Redding</b>	2135 Civic Center Drive, Room 8 Redding, CA 96001	Telephone: (530) 225-2140 Fax: (530) 225-2240
<b>Tulare</b>	18830 Road 112 Tulare, CA 93274	Telephone: (559) 685-3500 Fax: (559) 685-3503
<b>PREMISES INFORMATION</b>		
<b>Name:</b>		
<b>Physical Address:</b>		<b>City:</b> <b>Zip Code:</b>
<b>Owner's Name:</b>		
<b>Owner's Phone Number:</b>		
<b>SPAYING INFORMATION</b>		
<b>Date Spayed:</b>		
<b>Number Spayed:</b>		
<b>List Imported Heifers CVI #s:</b>		
<b>List Imported Heifers Permit #s:</b>		
<b>VETERINARIAN INFORMATION</b>		
<b>Name:</b>		<b>Phone #:</b>
<b>Address:</b>		<b>City:</b>
<b>Email:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Accreditation #:</b>		<b>California License #:</b>
<b>Signature:</b>		<b>Date:</b>



### REPORT of HEIFERS SPAYED AFTER ARRIVAL

#	Official Identification Numbers or Sequence	Spaying Identification Numbers or Sequence	Breed	Age
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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21				
22				
23				
24				
25				

**Make additional copies of this form as needed. A list of the official identification numbers may be attached to this form, but the owner name and the spaying date must be included on this form.**