



## REPORT OF JOHNE'S VACCINATION

State Form 56244 (R / 10-18)



### INDIANA STATE BOARD OF ANIMAL HEALTH

1202 E. 38th Street, Discovery Hall Suite 100

Indianapolis, IN 46205

Telephone: (877) 747-3038

E-mail: [CattleRecords@boah.in.gov](mailto:CattleRecords@boah.in.gov)

Herd Owner (Last Name, First Name)

Address (number and street or rural route, city, state, and ZIP code)

National Premises Identification Number

No.	Ear Tag Number	Date of Birth (month, day, year)	Tattoo	Dam's Identification Number	Vaccination Date (month, day, year)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Veterinarian's Name

Veterinarian's Federal Accreditation Number

This form should be submitted electronically via e-mail to:

[CattleRecords@boah.in.gov](mailto:CattleRecords@boah.in.gov)