

Brucellosis Certification for Cervidae

1. Initial Test: To be considered for certification, the herd must pass two consecutive official tests for brucellosis with the second test being completed within 9-15 months after initial herd test on all test eligible animals.
 - a. "Test eligible animals" for initial testing is defined as all sexually intact animals 6 months of age and older.
 - b. Newly assembled herds may be granted the brucellosis status of the source herd without initial testing. If animals originate from more than one Certified Brucellosis-Free herd, the newly assembled herd must assume the testing schedule of the herd with the oldest anniversary date.
2. Additions:
 - a. Brucellosis Certified Herd: No testing required. Recommended test 60 to 180 day after if no test prior to movement.
 - b. Other herds:
 - i. Test 30 days prior to movement
 - ii. Test between 60-180 days after addition to herd
 - iii. As part of whole herd test on recertification
3. Re-certification: A whole herd test should be conducted on all test eligible animals) every 3 years, within a period of 33-39 months from anniversary date.
 - a. "Test eligible animals" for recertification is defined as all sexually intact animals 12 months of age and older
4. Maintaining complete and accurate herd records is vital for enrollment and continued certification.

Application for Brucellosis Certification in Cervid Herd

Herd Information	
Herd Name:	
Address of herd location:	
Premises Identification Number (PIN)	CWD Number:
Date of last CWD Inventory:	Number of animals in inventory:
Are there cattle/bison on site? Y N If yes, is there direct contact with the cervid herd? Y N	
Veterinarian Name:	
Veterinarian/Clinic Address:	

Herd Owner Information	
Owner Name:	
Owner Address (if different from above):	
Phone Number: ()	Email:

Brucellosis Testing Information	
Is this a newly assembled herd formed from Brucellosis-Certified herds? Y N	
NOTE: If animals originate from more than one Certified Brucellosis-Free herd, the newly assembled herd must assume the testing schedule of the herd with the oldest anniversary date.	
If yes above, source herd(s):	
Initial Test Date:	Number of animals tested:
Second Test Date:	Number of animals tested:

TO BE COMPLETED BY IDOA
Brucellosis Number Assigned:
Anniversary Date:

RETURN APPLICATION AND COPY OF TEST RESULTS TO:

MAIL: Illinois Department of Agriculture
 Bureau of Animal Health and Welfare
 PO Box 19281
 Springfield, IL 62794

EMAIL: AGR.BAHW@Illinois.gov