



## Producer Disposal Certification

Date: \_\_\_\_\_

I, \_\_\_\_\_ (producer name, printed)

\_\_\_\_\_ (address)

\_\_\_\_\_ (city, state, zip)

\_\_\_\_\_ (telephone number)

hereby certify that the animal described below, sampled as part of the USDA/APHIS BSE Ongoing Surveillance Program, has been disposed of in a manner that is in compliance with all relevant laws and rules.

Animal identification: \_\_\_\_\_

Date sampled: \_\_\_\_\_

County sampled: \_\_\_\_\_

Veterinarian: \_\_\_\_\_

Veterinarian's phone number: \_\_\_\_\_

Method of disposal:

\_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Submit the completed form to:

USDA APHIS VS  
ATTN: Admin Officer  
210 Walnut St Room 891  
Des Moines, IA 50309

The cost recovery for proper carcass disposal (up to \$100) will be sent to the producer by an electronic funds transfer.