

Michigan Department of Agriculture and Rural Development

Animal Industry Division

PO Box 30017, Lansing, MI 48909

517-284-5800 Email: [MDARD-AIDForms@Michigan.gov](mailto:MDARD-AIDForms@Michigan.gov)

**Form and Supply Ordering Request**

<b>Animal Clinic Information:</b>				
Full Legal Name of the Animal Clinic		Requesting Veterinarian Name		National Accreditation Number
Address of Clinic (Must be a physical address. No PO Boxes)		City	State	Zip
				Phone
<b>Ordering Information:</b>				
Form Title	Form Number	Quantity of Packs Requested (50 forms per package)		
Brucellosis Test Record	VS FORM 4-33			
Brucellosis Test Record-Continuation Sheet	VS FORM 4-33A			
Brucellosis Vaccination Record (full page)	VS 4-26			
Certificate for Poultry or Hatching Eggs for Export	VS FORM 17-6			
Equine Infectious Anemia Laboratory Test	VS FORM 10-11			
Michigan Bovine Johne's Disease Test Record	AI-028			
Interstate Certificate of Veterinary Inspection – All Species*	AH-270			
Swine Test Record	AH-259			
Tuberculous Test Record	VS FORM 6-22			
Tuberculous Test Record-Continuation Sheet	VS FORM 6-22B			
*MDARD AID also offers and accepts electronic Certificates of Veterinary Inspection (eCVIs). For more information, please visit our <a href="#">website</a> .				
Supply Item				Quantity
Brucellosis Metal Ear Tags (Orange)				
<b>Optional Comments:</b>				
Requestor's Name and Title		Requestor's Phone Number		Requestor's Email