

Return by: \_\_\_\_\_

To County Extension Agent – Staff Chair:

In reply to your inquiry, I have \_\_\_\_\_ heifer calves, 4 to 12 months of age, which I would like to have vaccinated for brucellosis (Bang's disease).

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Community \_\_\_\_\_

Location of Farm \_\_\_\_\_

CES443

## **Brucellosis Vaccination Reply Card**

The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, sex, gender identity, sexual orientation, national origin, religion, age, disability, marital or veteran status, genetic information, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer.



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**RESEARCH & EXTENSION**

*University of Arkansas System*

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