

Breeder Excellence Canine Brucellosis Screening Agreement

REQUIREMENTS

The Breeder Excellence Canine Brucellosis Screening badge is awarded to commercial dog breeding facilities that have tested all adult dogs for canine brucellosis and found them to be negative to two tests performed 12 weeks apart. Adult dogs include all sexually intact canines twenty-eight weeks (seven months) of age and older.

Tests for canine brucellosis must be conducted by or under the direct supervision of a Minnesota-licensed veterinarian or personnel at an accredited veterinary diagnostic laboratory. Canine brucellosis tests must adhere to the Minnesota Board of Animal Health (Board) Canine Brucellosis policy of acceptable tests. It is the breeder's responsibility to provide the necessary assistance and facilities to test the animal properly.

All canine brucellosis test results must be mailed or emailed to companion.animal@state.mn.us.

An animal by animal inventory must be submitted that includes all sexually intact canines twenty-eight weeks of age and older and any dogs that are added to or removed from the facility to ensure testing compliance.

When all adult dogs have been confirmed to be negative for canine brucellosis and results have been received by the Board, a certification date will be assigned.

ADDITIONS

Any new adult additions to the facility must be isolated and test negative to two tests performed 12 weeks apart prior to being introduced to the facility.

The facility must maintain an isolation area and practice appropriate biosecurity measures as directed by the facility veterinarian.

CONFIRMATION OF CANINE BRUCELLOSIS POSITIVE

Any canine testing positive for canine brucellosis must be removed from the general population in an approved method as determined by the Board. The breeder must adhere to the *Brucella canis* Guidelines for dog breeding facilities and Board's Canine Brucellosis policy.

FACILITY OWNER/MANAGER

I certify that the attached test chart(s) and inventory represents testing of all adult dogs in the facility and that any new adults added meet the above requirements.

Owner/Manager Name: _____ License Number: _____

Signature: _____ Date: _____

VETERINARIAN

I certify that I tested all adult dogs at the facility as indicated on the attached test chart(s).

Veterinarian Name: _____

Signature: _____ Date: _____