

 *(Imię i nazwisko)*

 (*Adres podmiotu)*

 *(numer siedziby gospodarstwa)*

**Miesiąc badania:**

**RAPORT Z PRZEPROWADOZNEGO BADANIA ZDROWOTNOŚCI WYMION KRÓW**

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| **Lp.** | **NUMER ZWIERZĘCIA** | **Wynik badania (pozytywny- P/ negatywny/ zasuszone- Z)** | **Czy podjęto działania lecznicze?****(tak / Nie/obserwacja)** | **Data badania** |
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Data i podpis producenta rolnego