****

**REPÚBLICA DE GUATEMALA - MINISTERIO DE AGRICULTURA, GANADERÍA Y ALIMENTACIÓN**

**VICEMINISTERIO DE SANIDAD AGROPECUARIA Y REGULACIONES - DIRECCIÓN DE SANIDAD ANIMAL**

**PROGRAMA NACIONAL DE SANIDAD PORCINA (PRONASPORC)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vigilancia serológica en cerdos comunidades** | | | | | | | | | | | | **Formulario PRONASPORC-05** | | | | | | |
| **Departamento:** | | | | | | | **Municipio:** | | | **Comunidad:**  **Vi = Vientre V = Verraco L = Lechón C = Crecimiento Vc = Vaca Tr = Toro Tn = Ternero Nv = Novillo** | | | | | | | | |
| **Nombre del Propietario** | **Teléfono** | **Coordenada** | | **Tubo** | | **No. Arete** | | **Categoría** | **Edad** | **Catastro Porcino** | | | | | **Catastro Bovino** | | | |
| **X** | **Y** | **Vi.** | **V.** | | **L.** | **C.** | **Vc.** | **Tr.** | **Tn.** | **Nv.** |
|  |  |  |  | 1 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 2 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 3 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 4 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 5 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 6 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 7 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 8 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 9 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 10 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 11 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 12 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 13 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 14 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 15 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 16 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 17 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 18 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 19 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 20 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 21 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 22 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 23 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 24 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 25 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 26 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 27 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 28 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 29 | |  | |  |  |  |  | |  |  |  |  |  |  |
|  |  |  |  | 30 | |  | |  |  |  |  | |  |  |  |  |  |  |
| Responsable: | | | | | Prueba de laboratorio solicitada: | | | | | | | | | | Fecha: | | | |