

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

FORM APPROVED
OMB NO. 0579-0051

No. G 75014

PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS

USE A SEPARATE FORM FOR EACH SPECIES

1. NAME AND ADDRESS OF SHIPPER OR CONSIGNOR (include Zip Code)

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2. CONSIGNEE (Destination Name and Address, include Zip Code)

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3. MOVED FROM (Name and Location of Premise if other than item 1 above)

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4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED

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.....

VALID ONLY FOR ABOVE DESTINATION

5. STATE WHERE ISSUED

6. MOVEMENT TO BE INTERSTATE INTRASTATE

7. MOVEMENT FOR QUARANTINE SLAUGHTER

8. DISEASE

9. STATUS OF ANIMALS
No Reactor | No. Exposed | No. Other (Specify)

10. STATUS OF HERD OF ORIGIN

11. STATUS OF AREA OF ORIGIN

12. NO. ANIMALS IN THIS SHIPMENT

13. SPECIES (One only)

14. TRANSPORTATION VEHICLE LICENSE NO. OR OTHER IDENTIFICATION NO.

15. SEAL NO.

16. VEHICLE REQUIRED TO BE CLEANED AND DISINFECTED AT DESTINATION
 YES NO

(If Yes, Items 32, 33, and 34 are Applicable)

17. ANIMALS TO BE MOVED

COMPLETE EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION (Complete No.)	COMPLETE EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION (Complete No.)

I certify that I have inspected the animals described on this permit and find them eligible to move in accordance with the requirements of State and Federal regulations.

18. SIGNATURE OF INSPECTOR	19. DATE ISSUED	20. TIME ISSUED	VOID AFTER	
			21. DATE	22. TIME

WARNING TO OWNER, SHIPPER AND TRUCKER - LIVESTOCK MUST BE DELIVERED TO CONSIGNEE WITHOUT DIVERSION
I understand that it is a violation of Federal law to move the animals identified herein interstate except in accordance with the provisions of applicable Federal Regulations. I also understand that such animals must comply with existing state laws and regulations governing movement of livestock and poultry. I have arranged or will arrange for a copy of this permit to accompany the interstate shipment and be delivered with the above described animals

23. SIGNATURE OF OWNER OF SHIPPER	24. TITLE <input type="checkbox"/> OWNER <input type="checkbox"/> SHIPPER	25. DATE SIGNED
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I certify that the animals described on this permit were received and slaughtered/quarantined in accordance with the requirements of the State and Federal regulations on the date indicated in item 29.

26. PLACE ANIMALS RECEIVED	27. DATE ANIMALS ARRIVED	28. NO. ANIMALS RECEIVED	29. DATE SLAUGHTERED/QUARANTINED
30. DATE AND TIME SEALS BROKE	31. AUTHORIZED SIGNATURE	32. DATE CLEANED AND DISINFECTED (if required)	33. SIGNATURE OF INSPECTOR
		34. DATE SIGNED	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0051. The time required to complete this information collection is estimated to average 0.083 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.