

**PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS**

USE A SEPARATE FORM FOR EACH SPECIES

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

5. STATE WHERE ISSUED

6. MOVEMENT TO BE

INTERSTATE  INTRASTATE

7. MOVEMENT FOR

QUARANTINE  SLAUGHTER

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

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

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

12. NO. ANIMALS IN THIS SHIPMENT

13. SPECIES *(One only)*

4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED

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

15. SEAL NO.

16. VEHICLE REQUIRED TO BE CLEANED AND DISINFECTED AT DESTINATION

YES  NO

VALID ONLY FOR ABOVE DESTINATION

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

17. ANIMALS TO BE MOVED

| COMPLETE EAR TAG NO. | BREED | SEX | DISEASE BRAND | OTHER IDENTIFICATION<br><i>(Complete No.)</i> | COMPLETE EAR TAG NO. | BREED | SEX | DISEASE BRAND | OTHER IDENTIFICATION<br><i>(Complete No.)</i> |
|----------------------|-------|-----|---------------|---|----------------------|-------|-----|---------------|---|
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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<br><input type="checkbox"/> OWNER <input type="checkbox"/> SHIPPER | 25. DATE SIGNED |
|-----------------------------------|--|-----------------|

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 <i>(if required)</i> | 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 0579-0185 and 0579-0051. The time required to complete this information collection is estimated to average .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.