

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS		FORM APPROVED OMB NO. 0579-0051	No. G 75014
USE A SEPARATE FORM FOR EACH SPECIES 1. NAME AND ADDRESS OF SHIPPER OR CONSIGNOR <i>(include Zip Code)</i> _____ _____		5. STATE WHERE ISSUED _____	
2. CONSIGNEE <i>(Destination Name and Address, include Zip Code)</i> _____ _____		6. MOVEMENT TO BE <input type="checkbox"/> INTERSTATE <input type="checkbox"/> INTRASTATE	
3. MOVED FROM <i>(Name and Location of Premise if other than item 1 above)</i> _____ _____		7. MOVEMENT FOR <input type="checkbox"/> QUARANTINE <input type="checkbox"/> SLAUGHTER	
4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED _____ _____		8. DISEASE _____	9. STATUS OF ANIMALS No Reactor No. Exposed No. Other <i>(Specify)</i> _____
VALID ONLY FOR ABOVE DESTINATION		10. STATUS OF HERD OF ORIGIN _____	11. STATUS OF AREA OF ORIGIN _____
_____		12. NO. ANIMALS IN THIS SHIPMENT _____	13. SPECIES <i>(One only)</i> _____
_____		14. TRANSPORTATION VEHICLE LICENSE NO. OR OTHER IDENTIFICATION NO. _____	
_____		15. SEAL NO. _____	16. VEHICLE REQUIRED TO BE CLEANED AND DISINFECTED AT DESTINATION <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If Yes, Items 32, 33, and 34 are Applicable)</i>

17. ANIMALS TO BE MOVED

COMPLETE EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION <i>(Complete No.)</i>	COMPLETE EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFICATION <i>(Complete No.)</i>

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 <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 numbers for these information collections are 0579-0047, 0579-0051, 0579-0070, 0579-0101, 0579-0148, 0579-0185, and 0579-0234. The time required to complete these information collection activities are estimated to average .033 hours per response for 0047; .083 hours for 0051, 0070, 0185; 1 hour for 0101; .2 hours for 0148; and 2 hours for 0234. These times include time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.