

**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 (include Zip Code)

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

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

4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED

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)

VALID ONLY FOR ABOVE DESTINATION

**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.) |
|----------------------|-------|-----|---------------|-------------------------------------|----------------------|-------|-----|---------------|-------------------------------------|
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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 (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 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.