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**FORM APPROVED**  
**OMB NO. 0579-0101**

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

**1. FLOCK NAME/CONTACT AND ADDRESS**

**2. FLOCK ID NO.**

**RECORD OF ANIMALS MOVED**

**3. ANIMALS REMOVED SINCE LAST INSPECTION (LEGEND: E=Eartag, I=Implant, T=Tattoo, O=Other)**

| DATE REMOVED | ANIMAL IDENTIFICATION   |                 | DISPOSITION<br><i>(Include name, address, and telephone no.)</i> | REMARKS |
|--------------|---|-----------------|--|---------|
|              | Official ID and Specify Type  | Other - Specify |  |         |
| 1.           | <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O |                 |  |         |
| 2.           | <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O |                 |  |         |
| 3.           | <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O |                 |  |         |
| 4.           | <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O |                 |  |         |
| 5.           | <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O |                 |  |         |
| 6.           | <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O |                 |  |         |
| 7.           | <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O |                 |  |         |
| 8.           | <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O |                 |  |         |
| 9.           | <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O |                 |  |         |
| 10.          | <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O |                 |  |         |
| 11.          | <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O |                 |  |         |
| 12.          | <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O |                 |  |         |
| 13.          | <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O |                 |  |         |
| 14.          | <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O |                 |  |         |
| 15.          | <input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O |                 |  |         |