

This permit identifies restricted animals moved for quarantine/slaughter purposes. The information is needed to identify disease infected/exposed animals that are moved to specific locations in order to control and prevent spread of the disease (9 CFR 71 through 85).

See reverse side for additional information.

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| U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS USE A SEPARATE FORM FOR EACH SPECIES | | FORM APPROVED OMB NO. 0579-0051 | No. ██████ |
| 1. NAME AND ADDRESS OF SHIPPER OR CONSIGNOR (Include Zip Code) | | 5. STATE WHERE ISSUED | |
| 2. CONSIGNEE (Destination Name and Address, include Zip Code) | | 6. MOVEMENT TO BE <input type="checkbox"/> INTERSTATE <input type="checkbox"/> INTRASTATE | |
| 3. MOVED FROM (Name and Location of Premise if other than item 1 above) | | 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 (Specify) |
| 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 (One only) |
| | | 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 (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.

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|----------------------------|-----------------|-----------------|------------|----------|
| 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.

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| 23. SIGNATURE OF OWNER OF SHIPPER | 24. TITLE <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.

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| 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 .5 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.

**PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS
INSTRUCTIONS**

- USE A SEPARATE FORM FOR EACH SPECIES
- PRESS HARD—YOU ARE MAKING 5 COPIES
- INSERT COVER UNDER EACH SET TO USE AS WRITING REST
- COMPLETE EACH APPLICABLE ITEM—OMISSIONS WILL VOID THE PERMIT

IF SHIPMENT IS RESTRICTED FOR MORE THAN ONE DISEASE

- LIST EACH DISEASE IN ITEM 8, AND RELATED DATA IN ITEMS 9, 10, & 11. CONSULT VS MEMORANDUMS FOR THE APPROPRIATE DISEASE PROGRAM INSTRUCTIONS.

DISTRIBUTION OF FORM:

- PART 1-ORIGINAL-TO ACCOMPANY SHIPMENT
- PART 2-MAIL TO DESTINATION OF SHIPMENT
 —→ ENCLOSE A PREAMDRESSED ENVELOPE TO WHERE THIS COPY SHOULD BE MAILED-AFTER ITEMS 26 THRU 34 HAVE BEEN COMPLETED.
- PART 3-TO STATE OF DESTINATION (VS OFFICE)
- PART 4-TO STATE OF ORIGIN (VS OFFICE)
- PART 5-RETAIN BY ISSUING OFFICIAL

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