

**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 PREAMBITED 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

G 75076

G 75100

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

FORM APPROVED
OMB NO. 0579-0051

No. G 75077

PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS

USE A SEPARATE FORM FOR EACH SPECIES

<p>1. NAME AND ADDRESS OF SHIPPER OR CONSIGNOR <i>(Include Zip Code)</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>2. CONSIGNEE <i>(Destination Name and Address, include Zip Code)</i></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>3. MOVED FROM <i>(Name and Location of Premise if other than item 1 above)</i></p> <p>.....</p> <p>4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED</p> <p>.....</p> <p>.....</p> <p align="center">VALID ONLY FOR ABOVE DESTINATION</p>	<p>5. STATE WHERE ISSUED</p> <p>.....</p> <p>6. MOVEMENT TO BE</p> <p align="center"><input type="checkbox"/> INTERSTATE <input type="checkbox"/> INTRASTATE</p> <p>7. MOVEMENT FOR</p> <p align="center"><input type="checkbox"/> QUARANTINE <input type="checkbox"/> SLAUGHTER</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">8. DISEASE</td> <td style="width:33%;">9. STATUS OF ANIMALS</td> <td style="width:34%;"></td> </tr> <tr> <td></td> <td align="center">No. Reactor No. Exposed No. Other <i>(Specify)</i></td> <td></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">10. STATUS OF HERD OF ORIGIN</td> <td style="width:50%;">11. STATUS OF AREA OF ORIGIN</td> </tr> <tr> <td></td> <td></td> </tr> </table> <p>12. NO. ANIMALS IN THIS SHIPMENT</p> <p>13. SPECIES <i>(One only)</i></p> <p>.....</p> <p>14. TRANSPORTATION VEHICLE LICENSE NO. OR OTHER IDENTIFICATION NO.</p> <p>.....</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">15. SEAL NO.</td> <td style="width:67%;">16. VEHICLE REQUIRED TO BE CLEANED AND DISINFECTED AT DESTINATION</td> </tr> <tr> <td></td> <td align="center"><input type="checkbox"/> YES <input type="checkbox"/> NO</td> </tr> </table> <p align="right"><i>(If Yes, Items 32, 33, and 34 are Applicable)</i></p>	8. DISEASE	9. STATUS OF ANIMALS			No. Reactor No. Exposed No. Other <i>(Specify)</i>		10. STATUS OF HERD OF ORIGIN	11. STATUS OF AREA OF ORIGIN			15. SEAL NO.	16. VEHICLE REQUIRED TO BE CLEANED AND DISINFECTED AT DESTINATION		<input type="checkbox"/> YES <input type="checkbox"/> NO
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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	25. DATE SIGNED
	<input type="checkbox"/> OWNER <input type="checkbox"/> SHIPPER	

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, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0047, 0579-0051, 0579-0070, 0579-0101, 0579-0127, 0579-0148, 0579-0185, 0579-0234, and 0579-0340. The time required to complete this information collection is estimated to average between .033 and 2 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.