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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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). | | | | | | 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 number for this information collection is 0579-0137. 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. | | | | | | | | | | | | | | | | |
| **UNITED STATES DEPARTMENT OF AGRICULTURE**  **ANIMAL AND PLANT HEALTH INSPECTION SERVICE**  **VETERINARY SERVICES**  **PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS**  USE A SEPARATE FORM FOR EACH SPECIES | | | | | | | | | OMB APPROVED  0579-0137 | | | | | | **N o.** G 75014 | | | | | | | |
| 5. STATE WHERE ISSUED | | | | | | | | | | | | | |
| 1. NAME AND ADDRESS OF SHIPPER OR CONSIGNOR *(include ZIP Code)* | | | | | | | | | 6. MOVEMENT TO BE  INTERSTATE  INTRASTATE | | | | | | | | | | | | | |
|  | | | | | | | | | 7. MOVEMENT FOR  QUARANTINE  SLAUGHTER | | | | | | | | | | | | | |
|  | | | | | | | | |
| 8. DISEASE | | | 9. STATUS OF ANIMALS | | | | | | | | | | |
| 2. CONSIGNEE *(Destination Name and Address, include ZIP* Code) | | | | | | | | |  | | | Number Reactor | | | | | Number  Exposed | | | Number Other  (Specify) | | |
|  | | | | | | | | | 10. STATUS OF HERD OF ORIGIN | | | | | | | | | 11. STATUS OF AREA OF ORIGIN | | | | |
|  | | | | | | | | |
| 3. MOVED FROM *(Name and Location of Premise if other than item 1 above)* | | | | | | | | | 12. NUMBER OF ANIMALS IN THIS SHIPMENT | | | | | 13. SPECIES (One only) | | | | | | | | |
| 4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED | | | | | | | | | 14. TRANSPORTATION VEHICLE LICENSE NUMBER OR OTHER IDENTIFICATION NUMBER | | | | | | | | | | | | | |
|  | | | | | | | | | 15. SEAL NUMBER | | | | | 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 NUMBER | BREED | | SEX | DISEASE  BRAND | | | OTHER IDENTIFICATION  *(Complete Number)* | | COMPLETE  EAR TAG NUMBER | | | | BREED | | | SEX | | | DISEASE  BRAND | | OTHER IDENTIFICATION  *(Complete Number)* | |
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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. | | | | | | | | | | | | | | | | | | | | | | |
| I8. 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  OWNER  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. NUMBER OF ANIMALS RECEIVED | | | | | | | | 29. DATE SIGNED | | | | |
| 30. DATE AND TIME  SEALS BROKE | | 31. AUTHORIZED SIGNATURE | | | | | | 32. DATE CLEANED AND DISINFECTED *(If required)* | | | 33. SIGNATURE OF INSPECTOR | | | | | | | | | | | 34. DATE SIGNED |

VS FORM 1-27

SEP 2010