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

OMB APPROVED
0579-0137

N o. G 75014

PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS

USE A SEPARATE FORM FOR EACH SPECIES

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

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

8. DISEASE

9. STATUS OF ANIMALS

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)*

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