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 STA ANIMAL AND	OMB APPROVED 0579-0137				N	0.	G	75014					
PERMIT FOR MO	MAIS	5. STATE WHE	ERE ISSUEL)									
USE A SEPARATE FORM FOR			RESTA	CIED AIN	IVIALO								
1. NAME AND ADDRESS C	6. MOVEMENT TO BE												
		7. MOVEMENT FOR QUARANTINE SLAUGHTER											
- CONSIDER (Destination		8. DISEASE	TATUS OF ANIMALS Jer Number Number Other										
2. CONSIGNEE (Destination Name and Address, include ZIP Code)								Numb React			Exposed (Specify		
	10. STATUS OF HERD OF ORIGIN 11. STATUS OF AREA OF ORIGIN												
3. MOVED FROM (Name ar	12. NUMBER OF ANIMALS IN THIS SHIPMENT 13. SPECIES (One only)												
4. NAME AND ADDRESS C	14. TRANSPORTATION VEHICLE LICENSE NUMBER OR OTHER IDENTIFICATION												
						NUMBER 15. SEAL NUMBER 16. VEHICLE REQUIRED TO BE CLEANED AND							
						DISINFECTED					AT DESTINATION		
VALID ONLY FOR ABOVE DESTINATION						U YES □ NO							
	7 ANIMAIS	TO BE MOVED	(If Yes, items 32, 33, and 34 are applicable)										
COMPLETE	BREED	SEX	DISEASE	OTHER IDENT	TIFICATION	COMPLE		BRE	ED S	SEX	DISEASE		OTHER IDENTIFICATION
EAR TAG NUMBER			BRAND	(Complete I	Number)	EAR TAG N	UMBEK				BRAND	+	(Complete Number)
		ıl											
							-						
			-										
I certify that I have inspected	d the anin	nals descr	ibed on this	permit and find	them eligible	e to move in acco	ordance with	the re	equireme	ents of	State and	d Fed	eral regulations.
18. SIGNATURE OF INSPECTOR 19. DATE ISSUED						20. TIME ISSUED					VC	OID A	FTER
									21. 0	ATE			22. TIME
									1				
WARNING TO OWNER, SH I understand that it is a viola also understand that such a copy of this permit to accom	ation of Fe animals mu	ederal law lust comply	to move the y with existing	animals identifi ng State laws an	ied herein int nd regulations	erstate except in s governing move	accordance ement of live	e with t	the prov	isions			
23. SIGNATURE OF OWNE	24. TITLE 25. DATE SIGNED												
	OWNER SHIPPER												
I certify that the animals des	scribed or	1 this perm	nit were rece	ived and slaugh	ntered/quarar	ntined in accorda	ance with the	e requi	rements	of the	State and	d Fed	eral 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. AU7	THORIZED	 D SIGNATUF	₹E	32. DATE O AND DISIN required)	L CLEANED IFECTED (If	33. SIGNA	TURE	OF INS	PECT	ECTOR		34. DATE SIGNED