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 (signature only), 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 hours and 2 hours. These times include time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Approved 0579-0047, 0579-0051, 0579-0070, 0579-0101, 0579-0127, 0579-0148, 0579-0185, 0579-0234, and 0579-0340

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.

**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

NO.

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

| No. Reactor | No. Exposed | No. Other (*Specify*) |
|---|---|---|
| | | |

3. MOVED FROM (*Name and Location of Premise if other than item 1 above)*

10. STATUS OF HERD OF ORIGIN

11. STATUS OF AREA OF ORIGIN

4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED

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

☐ YES ☐ NO

(*If yes, items 32, 33, and 34 are applicable*)

VALID ONLY FOR ABOVE DESTINATION

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.*) |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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 ☐ 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. 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 |
|---|---|---|---|---|
| | | | | |