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, 0579-0101, 0579-0127, 0579-0185, 0579-0234, 0579-0338, and 0579-XXXX. The time required to complete this information collection is estimated to average .16 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.

OMB Approved 0579-0047, 0579-0101, 0579-0127, 0579-0185, 0579-0234, 0579-0338, and 0579-XXXX

				ne/slaughter purposes. The i prevent spread of the disease		y dise	ase infected/e	exposed ani	mals S	ee reverse	side for a	dditional information.		
UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE							NO.							
VETERINARY SERVICES PERMIT FOR MOVEMENT OF RESTRICTED ANIMALS							5. STATE WHERE ISSUED							
USE A SEPARATE FORM FOR EACH SPECIES 1. NAME AND ADDRESS OF SHIPPER OR CONSIGNOR (Include ZIP Code)							6. MOVEMENT TO BE							
							☐ INTERSTATE ☐ INTRASTATE							
							7. MOVEMENT FOR							
							QUARANTINE SLAUGHTER							
2. CONSIGNEE	8. DISEASE 9. STAT				US OF ANIMALS									
						No. Reactor				No. No. C Exposed (Spe				
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.								
											EHICLE REQUIRED TO BE CLEANED AND SINFECTED AT DESTINATION			
VALID ONLY FOR ABOVE DESTINATION											YES NO			
							(If yes, items 32, 33, and 34 are applicable)							
COMPLETE EAR TAG NO.	BREED	SEX	DISEASE BRAND	OTHER IDENTIFIC	CATION	COMPLET EAR TAG N	OMPLETE BREET		SEX	DISEAS			DENTIFICATION mplete No.)	
				Compressions									,	
	-													
	-													
1 4/6 - 4 h 4 1 h 1		-l 4l	-11		u 11 - 11 - 1						-4		and attack	
I certify that I have inspected the animals described on this permit and find them eligible 18. SIGNATURE OF INSPECTOR 19. DATE						is to move in accordance with the requirement in the sequirement in th				nents of St	VOID AFTER			
									21. DATE 22. TIME			2. TIME		
I understand that understand that s	it is a viola such anima	ation of Fe Ils must co	deral law to nomply with ex	R - LIVESTOCK MUST nove the animals identific sting State laws and reg	ed herein in ulations go	terstate except verning movem	in ac	ccordance v	ith the pro	visions of				
this permit to accompany the interstate shipment and be delivered with the above desc 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.											egulations on the			
26. PLACE ANIMALS RECEIVED 27. DATE ANIMALS ARRIVED							28. NO. ANIMALS RECEIVED 29.					DATE SLAUGHTERED/QUARANTINED		
30. DATE AND TIME SEALS BROKEN 31. AUTHORIZED SIGNA			ATURE	-	CLEANED 33. SIGNATUR DISINFECTED uired)			TURE OF	FINSPECTOR			34. DATE SIGNED		