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UNITED STATES DEPARTMENT OF AGRICULTURE

OMB APPROVED 0579-0160 Exp. Date xx/xxx

OWNER/SHIPPER CERTIFICATE

ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES									FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)(Please type or print in ink)										
	TAG PREFIX	TAG NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos,	REMARKS Include	
			Bay	Grey	Black	Pinto	Chest- nut	Other	ТВ	QT	Draft	Pony	Other	Mare	Stall ion	Geld -ing	etc.	precondition	

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