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OMB APPROVED
0579-0101
EXP: XX/XXXX

**UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES**

**OWNER / HAULER STATEMENT
FOR SHEEP AND GOATS**

DATE ANIMALS
MOVED:

NAME AND ADDRESS OF OWNER	NAME AND ADDRESS OF HAULER (If different then owner)
NAME	NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP CODE	CITY/STATE/ZIP CODE
EMAIL (Optional)	EMAIL (Optional)
OTHER CONTACT (Optional)	OTHER CONTACT (Optional)

TYPE OF MOVEMENT

Check one of the movement types below, if none apply an owner/hauler statement is not required.

NOTE: An Interstate Certificate of Veterinary Inspection is required rather than an owner/hauler statement to cross a state line with a sexually intact sheep or goat that is not in slaughter channels and is not moving to a federally approved livestock market or to another premise of same flock

- | | |
|--|--|
| <input type="checkbox"/> To a livestock market for sale as feeder or slaughter animals | <input type="checkbox"/> To an individual for personal slaughter |
| <input type="checkbox"/> To a federally approved livestock market with sheep or goats that don't have official eartags | <input type="checkbox"/> To an instate livestock market with sheep or goats that don't have official eartags |
| <input type="checkbox"/> To another instate site to have official ID applied | <input type="checkbox"/> To another premises of the same flock out-of-state |
| <input type="checkbox"/> To a slaughter establishment | <input type="checkbox"/> To a terminal feedlot |
| <input type="checkbox"/> Other, please explain: _____ | |

GROUP LOT ID NUMBER

Scrapie Flock ID based group/lot ID: flock ID-MMDDYY sequence number
Example: MD123456-061216-2

PIN/LID based group/lot ID: PIN/LID MMDDYY sequence number
Example: 004T5670-612161-2

FOR SHEEP/GOATS MOVING WITHOUT OFFICIAL ID

If different from the owner, the name, address, and flock ID or PIN of the flock of origin. (not required for animals under 18 months of age in slaughter channels)

DECLARATION

NUMBER OF ANIMALS	SPECIES	BREED (If unknown: for sheep include face color, for goat include type; milk, meat, fiber)	CLASS (Cull ewes/does, replacement ewes/does, feeder lambs/kids, slaughter lambs/kids, etc.)	COMMENTS

POINT OF ORIGIN (If different then owner)	NAME AND ADDRESS OF DESTINATION
NAME	NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP CODE	CITY/STATE/ZIP CODE
PHONE	PHONE
EMAIL (Optional)	EMAIL (Optional)
OTHER CONTACT (Optional)	OTHER CONTACT (Optional)

OWNER/HAULER SIGNATURE

DATE

(I do hereby certify that the information stated above is correct and the livestock listed are properly classified.)