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OMB APPROVED
0579-0332
Exp. Date XX/XXXX

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

OWNER/SHIPPER CERTIFICATE
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, etc.	REMARKS Include precondition	
		Bay	Grey	Black	Pinto	Chest-nut	Other	TB	QT	Draft	Pony	Other	Mare	Stall ion	Geld-ing				

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)