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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.)*