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CONTINUATION SHEET FOR (VS FORM 1-27)
PERMIT FOR MOVEMENT OF ANIMALS
USE A SEPARATE FORM FOR EACH SPECIES

USDA-APHIS | PAGE | OF

OF VS FORM 1-27
No.

1. NAME AND ADDRESS OF SHIPPER OR CONSIGNOR *(Include Zip Code)*

2. CONSIGNEE *(Destination Name and Address, include Zip Code)*

3. MOVED FROM *(Name and Location of Premise if other than item 1)*

4. NAME AND ADDRESS OF OWNER AT TIME CONDITION DIAGNOSED

VALID ONLY FOR ABOVE DESTINATION

ANIMALS TO BE MOVED

EAR TAG NO. A	BREED B	SEX C	DISEASE BRAND D	OTHER IDENTIFICATION *(Complete No.)* E	EAR TAG NO. A	BREED B	SEX C	DISEASE BRAND D	OTHER IDENTIFICATION *(Complete No.)* E