

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

**PERMIT FOR MOVEMENT OF ANIMALS  
CONTINUATION SHEET**

PAGE  
OF

USE A SEPARATE FORM FOR EACH SPECIES

1. NAME AND ADDRESS OF SHIPPER OR COSIGNOR (include Zip Code)

OF VS Form 1-27

No.

3. MOVED FROM (Name and location of premise if other than item 1)

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

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