

According to the Paperwork Reduction Act of 1995, an estimate is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0101. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB APPROVED  
0579-0101  
EXP DATE XX/XXXX

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
VETERINARY SERVICES

1. FLOCK NAME/CONTACT AND ADDRESS

2. FLOCK ID NO.

**RECORD OF ANIMALS MOVED**

3. ANIMALS REMOVED SINCE LAST INSPECTION (LEGEND: E=Eartag, I=Implant, T=Tag, O=Other)

DATE REMOVED	ANIMAL IDENTIFICATION		DISPOSITION (Include name, address, and telephone no.)	REMARKS
	Official ID and Specify Type	Other - Specify		
1.	<input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O			
2.	<input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O			
3.	<input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O			
4.	<input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O			
5.	<input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O			
6.	<input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O			
7.	<input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O			
8.	<input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O			
9.	<input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O			
10.	<input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O			
11.	<input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O			
12.	<input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O			
13.	<input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O			
14.	<input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O			
15.	<input type="checkbox"/> E <input type="checkbox"/> I <input type="checkbox"/> T <input type="checkbox"/> O			