OMB APPROVED
0579-0101
EXP: XX/XXXX

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

OWNER / HAULER STATEMENT FOR SHEEP AND GOATS

DATE ANIMALS MOVED:

NAME AND ADDRESS OF OWNER	NAME AND ADDRESS OF HAULER *(If different then owner)*
NAME	NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP CODE	CITY/STATE/ZIP CODE
EMAIL *(Optional)*	EMAIL *(Optional)*
OTHER CONTACT *(Optional)*	OTHER CONTACT *(Optional)*

TYPE OF MOVEMENT

Check one of the movement types below, if none apply an owner/hauler statement is not required.

NOTE: An Interstate Certificate of Veterinary Inspection is required rather than an owner/hauler statement to cross a state line with a sexually intact sheep or goat that is not in slaughter channels and is not moving to a federally approved livestock market or to another premise of same flock

- ☐ To a livestock market for sale as feeder or slaughter animals
- ☐ To a federally approved livestock market with sheep or goats that don't have official eartags
- ☐ To another instate site to have official ID applied
- ☐ To a slaughter establishment
- ☐ To an individual for personal slaughter
- ☐ To an instate livestock market with sheep or goats that don't have official eartags
- ☐ To another premises of the same flock out-of-state
- ☐ To a terminal feedlot
- ☐ Other, please explain: _____

GROUP LOT ID NUMBER

Scrapie Flock ID based group/lot ID: flock ID-MMDDYY sequence number **Example: MD123456-061216-2**	PIN/LID based group/lot ID: PIN/LID MMDDYY sequence number **Example: 004T5670-612161-2**

DECLARATION of number and type of sheep/goats covered by the form (attach a list if more rows are needed.)

NUMBER OF ANIMALS	SPECIES	BREED (If unknown: for sheep include face color, for goat include type; milk, meat, fiber)	CLASS (Cull ewes/does, replacement ewes/does, feeder lambs/kids, slaughter lambs/kids, etc.)	COMMENTS

POINT OF ORIGIN *(If different then owner)*	NAME AND ADDRESS OF DESTINATION
NAME	NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP CODE	CITY/STATE/ZIP CODE
PHONE	PHONE
EMAIL *(Optional)*	EMAIL *(Optional)*

OWNER/HAULER SIGNATURE

(I do hereby certify that the information stated above is correct and the livestock listed are properly classified.)

DATE