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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

- | | |
|--|--|
| <input type="checkbox"/> To a livestock market for sale as feeder or slaughter animals | <input type="checkbox"/> To an individual for personal slaughter |
| <input type="checkbox"/> To a federally approved livestock market with sheep or goats that don't have official eartags | <input type="checkbox"/> To an instate livestock market with sheep or goats that don't have official eartags |
| <input type="checkbox"/> To another instate site to have official ID applied | <input type="checkbox"/> To another premises of the same flock out-of-state |
| <input type="checkbox"/> To a slaughter establishment | <input type="checkbox"/> To a terminal feedlot |
| <input type="checkbox"/> 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

DATE

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