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| According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 .08 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<br>0579-0101<br>EXP: 05/2027               |
| <b>UNITED STATES DEPARTMENT OF AGRICULTURE<br/>ANIMAL AND PLANT HEALTH INSPECTION SERVICE<br/>VETERINARY SERVICES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>OWNER / HAULER STATEMENT<br/>FOR SHEEP AND GOATS</b> |
| 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<br><input type="checkbox"/> To a federally approved livestock market with sheep or goats that don't have official eartags<br><input type="checkbox"/> To another instate site to have official ID applied<br><input type="checkbox"/> To a slaughter establishment<br><input type="checkbox"/> Other, please explain: _____ | <input type="checkbox"/> To an individual for personal slaughter<br><input type="checkbox"/> To an instate livestock market with sheep or goats that don't have official eartags<br><input type="checkbox"/> To another premises of the same flock out-of-state<br><input type="checkbox"/> To a terminal feedlot |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| GROUP LOT ID NUMBER                                                                                       |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Scrapie Flock ID based group/lot ID: flock ID-MMDDYY sequence number<br><b>Example: MD123456-061216-2</b> | PIN/LID based group/lot ID: PIN/LID MMDDYY sequence number<br><b>Example: 004T5670-612161-2</b> |

**FOR SHEEP/GOATS MOVING WITHOUT OFFICIAL ID**

If different from the owner, the name, address, and flock ID or PIN of the flock of origin. (not required for animals under 18 months of age in slaughter channels)

| 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<br>(If unknown: for sheep include face color, for goat include type; milk, meat, fiber) | CLASS<br>(Cull ewes/does, replacement ewes/does, feeder lambs/kids, slaughter lambs/kids, etc.) | COMMENTS |
|                                                                                                            |         |                                                                                               |                                                                                                 |          |
|                                                                                                            |         |                                                                                               |                                                                                                 |          |
|                                                                                                            |         |                                                                                               |                                                                                                 |          |
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|                                                                                                            |         |                                                                                               |                                                                                                 |          |
|                                                                                                            |         |                                                                                               |                                                                                                 |          |

| 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/HULER SIGNATURE                     | DATE                            |

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