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 0579-0101 EXP: 05/2027

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

OWNER / HAULER STATEMENT

DATE ANIMALS MOVED:

VETERINARY SERVICES			FOR SHEEP AND GOAT	rs .		
NAME AND ADDRESS OF OWNER			NAME AND ADDRESS OF HA	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			
		pelow, if none apply an owner/hauler statement i		ly intact sheen or go	at that is not in slaughter	
channels and is no	ot moving to a federa	ally approved livestock market or to another premise	e of same flock		at that is not in slaughter	
To a livestock market for sale as feeder or slaughter animals			To an individual for personal slaughter			
To a federally approved livestock market with sheep or goats that don't have official eartags			To an instate livestock market with sheep or goats that don't have official eartags			
To another instate site to have official ID applied			To another premises of the same flock out-of-state			
To a slaughter establishment			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			
			·			
FOR SHEEP/G	SOATS MOVING	WITHOUT OFFICIAL ID				
If different from	the owner, the na	ame, address, and flock ID or PIN of the flock	of origin. (not required for animals under 1	8 months of age i	n slaughter channels)	
	DECLARATION	N of number and type of sheep/goats co	wered by the form (Attach a list if mo	re rows are nee	ded)	
	DECEARATION	T i i i i i i i i i i i i i i i i i i i	CLASS	e rows are need	ucu.,	
		(If unknown: for sheep include face color,	(Cull ewes/does, replacement ewes/does, feeder lambs/kids,			
		for goat include type; milk, meat, fiber)	slaughter lambs/kids, etc.)			
-	OINT OF ODIC	IN /If different then oursel	NAME AND ADDRESS	CC OF DECTINA	TION	
POINT OF ORIGIN (If different then owner) NAME			NAME AND ADDRESS OF DESTINATION NAME			
ADDRESS			ADDRESS			
CITY/STATE/ZII	P CODF		CITY/STATE/ZIP CODE			
PHONE				PHONE		
EMAIL (Optional)			EMAIL (Optional)			
OWNER/HAULER SIGNATURE			Lini ii (Opiionai)		I	
					DATE	
(I do hereby cert	tify that the infori	mation stated above is correct and the livest	ock listed are properly classified.)			