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UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES	OWNER / HAULER STATEMENT FOR SHEEP AND GOATS	DATE ANIMALS MOVED:
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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

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|--|---|
| <input type="checkbox"/> To a livestock market for sale as feeder or slaughter animals
<input type="checkbox"/> To a federally approved 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 a slaughter establishment
<input type="checkbox"/> Other, please explain: _____ | <input type="checkbox"/> To an individual for personal slaughter
<input type="checkbox"/> To an instate livestock market with sheep or goats that don't have official eartags
<input type="checkbox"/> To another premises of the same flock out-of-state
<input type="checkbox"/> To a terminal feedlot |
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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
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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.)				
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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
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NAME	NAME
ADDRESS	ADDRESS
CITY/STATE/ZIP CODE	CITY/STATE/ZIP CODE
PHONE	PHONE
EMAIL (Optional)	EMAIL (Optional)

OWNER/HULER SIGNATURE <i>(I do hereby certify that the information stated above is correct and the livestock listed are properly classified.)</i>	DATE
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