

Montana Department of Livestock, State Veterinarian
 PO Box 202001, Helena MT 59620-2001
 406-444-2043

**CERTIFICATE OF VETERINARY INSPECTION
 CONVOY REPLICA**

REPLICATE OF CERTIFICATE # _____
 No. _____ of _____ REPLICATIONS

Contact State of Destination for
 Movement Requirements and
 Certificate Validity Duration

INSPECTION DATE: _____ **ISSUE DATE:** _____ **ENTRY PERMIT:** _____
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM

**BRAND INSPECTION
 FORM # _____ ISSUE DATE _____**

NAME CONSIGNOR		NAME CONSIGNEE		NAME CARRIER	
PHYSICAL ADDRESS		PHYSICAL ADDRESS		PHYSICAL ADDRESS	
CITY, STATE, ZIP, COUNTY PHONE		CITY, STATE, ZIP, COUNTY PHONE		CITY, STATE, ZIP PHONE	
ORIGIN OF ANIMALS <input type="checkbox"/> same as above PREMISES ID#		DESTINATION OF ANIMALS <input type="checkbox"/> same as above PREMISES ID#		TEST RECORDS - Are legible copies of official charts (with individual animals identified and animals that are not shipped lined out) attached to all copies? <input type="checkbox"/> Yes <input type="checkbox"/> No Record #:	

Species/Number in Shipment <input type="checkbox"/> Beef Cattle # _____ <input type="checkbox"/> Dairy Cattle # _____ <input type="checkbox"/> Horses # _____ <input type="checkbox"/> Sheep # _____ <input type="checkbox"/> Goats # _____ <input type="checkbox"/> Swine # _____ <input type="checkbox"/> Poultry # _____ <input type="checkbox"/> Other(specify): # _____	Purpose(s) of Movement (check all that apply) <input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate <input type="checkbox"/> Show <input type="checkbox"/> Race <input type="checkbox"/> Rodeo <input type="checkbox"/> Sale <input type="checkbox"/> Pet <input type="checkbox"/> Breeding <input type="checkbox"/> Feeding <input type="checkbox"/> Grazing <input type="checkbox"/> Training <input type="checkbox"/> Slaughter <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Other (specify): _____	CARRIER <input type="checkbox"/> Air <input type="checkbox"/> Boat <input type="checkbox"/> Car <input type="checkbox"/> Mail <input type="checkbox"/> Rail <input type="checkbox"/> Trail <input type="checkbox"/> Truck <input type="checkbox"/> Other (specify) _____	Flock/Herd Free For: <input type="checkbox"/> TB <input type="checkbox"/> Bruc. <input type="checkbox"/> PRV <input type="checkbox"/> Johne's <input type="checkbox"/> Scrapie <input type="checkbox"/> NPIP <input type="checkbox"/> Other (specify): _____ Herd/Flock # _____	State/Area Status Tuberculosis: <input type="checkbox"/> Free <input type="checkbox"/> MAA <input type="checkbox"/> MA Brucellosis: <input type="checkbox"/> Free <input type="checkbox"/> Class A <input type="checkbox"/> PRV Free <input type="checkbox"/> Other (specify): _____
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VETERINARY CERTIFICATION STATEMENTS

LINE #	OFFICIAL/FEDERAL EAR TAG # REGISTRATION TATTOO OR OTHER PERMANENT IDENTIFICATION	AGE	BREED	SEX	Bruc. Vacc. Status/Tattoo	IMPORT REQUIRED TESTS AND RESULTS Contact State of Destination for Requirements				TEMPERATURE (if required) VACCINATION AND/OR TREATMENT Please list Date, Product, and Reason for Vaccination/Treatment
						Date	Test	Accession #	Results +/- Lab	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

OWNER/AGENT STATEMENT
 "The animals in this shipment are those certified to and listed on this certificate."
 SIGNATURE _____
 DATE _____

VETERINARY CERTIFICATION - I certify, as an accredited veterinarian that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.
 SIGNATURE _____ DATE _____
 PRINT NAME _____ PHONE: _____ E-MAIL: _____
 ADDRESS _____
 USDA ACCREDITATION # _____ STATE OF LICENSE _____ LICENSE: # _____

OFFICIAL OFFICE USE ONLY

OFFICIAL USE ONLY
 The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

CERTIFICATE OF VETERINARY INSPECTION CONVOY REPLICA
INSTRUCTIONS FOR USE

1. This book is the property of the Montana Department of Livestock, Animal Health Division, and has been assigned to _____.
2. If this book, or any of its contents, becomes lost or stolen, IMMEDIATELY notify the State Veterinarian, Helena office at 406-444-2043.
3. This document is intended to be used for multiple vehicle convoy shipments and there are not sufficient copies to supply all vehicles. The replica document will provide copies when no copy machine is available.
4. Extreme care and close supervision of this supply of documents is necessary to insure against misuse or use by any other than the Deputy State Veterinarian to whom they are assigned.
5. The replica document must contain the same information relative to the shipment as the original, except that the carrier information will be unique. The replica number will always be the same as the original certificate number.
6. These documents are not self carboning. Carbon paper is supplied in the back of the book for multiple copies to reproduce basic information on the document. Again, unique carrier information must be individually supplied.

V-1A

0.25" Spine

The Deputy State Veterinarian issuing this certificate has been authorized by the Montana Department of Livestock, Animal Health Division, to make inspections and issue Certificates of Veterinary Inspection for interstate shipments of livestock. His/Her inspections are endorsed by:


Administrator and State Veterinarian

0.25" Spine

0.75" Stub