

# Montana eCVI:

Free, simple, electronic health certificate forms for small or large animals.  
Contact MDOL for more information: 406-444-2043

## Large Animal:

Montana Department of Livestock  
Animal Health Division  
PO Box 202001 Helena, MT 59620-2001  
406-444-2043 ph. / 406-444-1929 fax

### MONTANA CERTIFICATE OF VETERINARY INSPECTION

Contact State of Destination for Movement Requirements and Certificate Validity  
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM  
OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

Certificate Number

81-null-null

|                                      |           |                       |   |              |                                    |                       |               |  |                |  |                  |               |              |                 |  |  |
|--------------------------------------|-----------|-----------------------|---|--------------|------------------------------------|-----------------------|---------------|--|----------------|--|------------------|---------------|--------------|-----------------|--|--|
| ENTRY PERMIT #:                      |           |                       |   |              |                                    |                       |               |  |                |  |                  |               |              |                 |  |  |
| INSPECTION DATE:                     |           |                       |   |              | SHIPMENT DATE:                     |                       |               |  |                | <input checked="" type="radio"/> Large Animal <input type="radio"/> Small Animal |                  |               |              |                 |  |  |
| CONSIGNOR - Contact Person at Origin |           |                       | CONSIGNEE - Contact Person at Destination   |              |                                    | CARRIER (Transporter) |               |  |                |  |                  |               |              |                 |  |  |
| First Name                           |           | Last Name             |   | AND/OR       | First Name                         |                       | Last Name     |  | AND/OR         | Business Name  |                  |               |              |                 |  |  |
| Business Name                        |           |                       | Business Name   |              |                                    | Physical Address      |               |  |                |  |                  |               |              |                 |  |  |
| Physical Address of Animals          |           |                       |   |              | Physical Address of Animals        |                       |               |  |                | City State Zip Code Phone Number   |                  |               |              |                 |  |  |
| City                                 |           | State                 | Zip Code  | County       | City                               |                       | State         | Zip Code   | County         | Transport Method Purpose of Movement   |                  |               |              |                 |  |  |
| Phone Number                         |           | Location ID#          |   | Phone Number |                                    | Location ID#          |               | Interstate Intrastate  |                |  |                  |               |              |                 |  |  |
| Consignor's Address (if different)   |           |                       |   |              | Consignee's Address (if different) |                       |               |  |                | <input type="checkbox"/> Print Reconsigned                                       |                  |               |              |                 |  |  |
| Disease Certification Statements     |           |                       | Flock/Herd Accredited Free For: Herd/Flock #  |              |                                    |                       |               | Current State/Area Status:   |                |  |                  |               |              |                 |  |  |
|                                      |           |                       | <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Brucellosis <input type="checkbox"/> Scrapie <input type="checkbox"/> NPIP |              |                                    |                       |               | Tuberculosis: <input type="checkbox"/> Brucellosis: <input type="checkbox"/> Other (specify): <input type="checkbox"/> |                |  |                  |               |              |                 |  |  |
|                                      |           |                       | <input type="checkbox"/> John's <input type="checkbox"/> PRV <input type="checkbox"/> CWD <input type="checkbox"/> Other (specify)        |              |                                    |                       |               |  |                |  |                  |               |              |                 |  |  |
| SPECIES                              | # OF HEAD | OFFICIAL PERMANENT ID | OTHER ID (REGISTRY NAME, NUMBER OR DESCRIPTION)   | AGE          | SEX                                | BREED                 | TB DATE OBSVD | TB TEST RESULT   | BRUC TEST DATE | BRUC TEST RESULT   | BRUC VACC TATTOO | EIA TEST DATE | EIA LAB NAME | EIA TEST RESULT | OTHER TESTS, VACCINATIONS/TREATMENT. PLEASE LIST DATE & PRODUCT USED   |  |
|                                      |           |                       |   |              |                                    |                       |               |  |                |  |                  |               |              |                 | Copy Delete  |  |
| Add New Row                          |           | Delete Last Row       |   |              |                                    |                       |               |  |                |  |                  |               |              |                 |  |  |
| OWNER/AGENT STATEMENT                |           |                       |   |              |                                    |                       |               |  |                |  |                  |               |              |                 | 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. |  |
| DATE                                 |           |                       |   |              |                                    |                       |               |  |                |  |                  |               |              |                 | DATE   |  |
| SIGNATURE                            |           |                       |   |              |                                    |                       |               |  |                |  |                  |               |              |                 | SIGNATURE  |  |
| Save Form                            |           |                       |   |              |                                    |                       |               |  |                |  |                  |               |              |                 | NOT OFFICIAL   |  |

## Small Animal:

Montana Department of Livestock  
Animal Health Division  
PO Box 202001 Helena, MT 59620-2001  
406-444-2043 ph. / 406-444-1929 fax

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Certificate Number

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|                                      |                   |                   |   |              |                                    |                       |                  |                       |                   |  |  |  |  |  |  |  |
|--------------------------------------|-------------------|-------------------|---|--------------|------------------------------------|-----------------------|------------------|-----------------------|-------------------|--|--|--|--|--|--|--|
| ENTRY PERMIT #:                      |                   |                   |   |              |                                    |                       |                  |                       |                   |  |  |  |  |  |  |  |
| INSPECTION DATE:                     |                   |                   |   |              | SHIPMENT DATE:                     |                       |                  |                       |                   | <input type="radio"/> Large Animal <input checked="" type="radio"/> Small Animal |  |  |  |  |  |  |
| CONSIGNOR - Contact Person at Origin |                   |                   | CONSIGNEE - Contact Person at Destination |              |                                    | CARRIER (Transporter) |                  |                       |                   |  |  |  |  |  |  |  |
| First Name                           |                   | Last Name         |   | AND/OR       | First Name                         |                       | Last Name        |                       | AND/OR            | Business Name  |  |  |  |  |  |  |
| Business Name                        |                   |                   | Business Name                             |              |                                    | Physical Address      |                  |                       |                   |  |  |  |  |  |  |  |
| Physical Address of Animals          |                   |                   |   |              | Physical Address of Animals        |                       |                  |                       |                   | City State Zip Code Phone Number   |  |  |  |  |  |  |
| City                                 |                   | State             | Zip Code                                  | County       | City                               |                       | State            | Zip Code              | County            | Transport Method Purpose of Movement   |  |  |  |  |  |  |
| Phone Number                         |                   | Location ID#      |   | Phone Number |                                    | Location ID#          |                  | Interstate Intrastate |                   |  |  |  |  |  |  |  |
| Consignor's Address (if different)   |                   |                   |   |              | Consignee's Address (if different) |                       |                  |                       |                   | <input type="checkbox"/> Print Reconsigned                                       |  |  |  |  |  |  |
| Weather Acclimation Statement        |                   |                   |   |              |                                    |                       |                  |                       |                   |  |  |  |  |  |  |  |
| SPECIES                              | NUMBER OF ANIMALS | DESCRIPTION/BREED |   |              | AGE                                | SEX                   | RABIES VACC DATE | RABIES BOOSTER DATE   | RABIES TAG NUMBER | RABIES SERIAL NUMBER   | OTHER TESTS, VACCINATIONS/TREATMENT. PLEASE LIST DATE & PRODUCT USED |  |  |  |  |  |
|                                      |                   |                   |   |              |                                    |                       |                  |                       |                   |  |  |  |  |  |  |  |
| Add New Row                          |                   | Delete Last Row   |   |              |                                    |                       |                  |                       |                   |  |  |  |  |  |  |  |
| OWNER/AGENT STATEMENT                |                   |                   |   |              |                                    |                       |                  |                       |                   |  |  |  |  |  | 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. |  |
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| SIGNATURE                            |                   |                   |   |              |                                    |                       |                  |                       |                   |  |  |  |  |  | SIGNATURE  |  |
| Save Form                            |                   |                   |   |              |                                    |                       |                  |                       |                   |  |  |  |  |  | NOT OFFICIAL   |  |