

MONTANA

CERTIFICATE OF VETERINARY INSPECTION

81- 802601

Contact State of Destination for Movement Requirements and Certificate Validity
 FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM

INSPECTION DATE:		ISSUE DATE:		ENTRY PERMIT #:		BRAND INSP #:	
NAME CONSIGNOR (Contact Person at Origin)		NAME CONSIGNEE (Contact Person at Destination)		NAME		CARRIER (Transporter)	
PHYSICAL ADDRESS		PHYSICAL ADDRESS		PHYSICAL ADDRESS			
CITY, STATE, ZIP, COUNTY		CITY, STATE, ZIP, COUNTY		CITY, STATE, ZIP		PHONE	
ORIGIN OF ANIMALS <input type="checkbox"/> same as above		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		Purpose(s) (check all that apply)		CARRIER		Flock/Herd Free For:	
<input type="checkbox"/> Beef Cattle # _____ <input type="checkbox"/> Horses # _____ <input type="checkbox"/> Goats # _____ <input type="checkbox"/> Poultry # _____ <input type="checkbox"/> Dairy Cattle # _____ <input type="checkbox"/> Sheep # _____ <input type="checkbox"/> Swine # _____ <input type="checkbox"/> Other(specify) # _____		<input type="checkbox"/> Intercourse <input type="checkbox"/> Race <input type="checkbox"/> Feeding <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Intra-herd <input type="checkbox"/> Sale <input type="checkbox"/> Training <input type="checkbox"/> Other (specify)		<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)		<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 #	
						Current 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):	

VETERINARY CERTIFICATION STATEMENTS

LINE #	OFFICIAL/FEDERAL EAR TAG # REGISTRATION TATTOO OR OTHER PERMANENT IDENTIFICATION	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
		BREED	Sex	Date	Test	Accession #	
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 that I am a deputy state veterinarian authorized to inspect animals and issue certificates, 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 this 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 _____ ADDRESS _____ USDA ACCRED. # _____ MT LICENSE: # _____ E-MAIL: _____	OFFICIAL OFFICE USE ONLY
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