



OFFICE USE ONLY  
CHECK/MO: \_\_\_\_\_  
AMOUNT PAID: \_\_\_\_\_  
TRANSMITTAL #: \_\_\_\_\_  
# OF PERMITS: \_\_\_\_\_  
ISSUE DATE: \_\_\_\_\_

## 2018 MONTANA ANNUAL EQUINE IMPORT PERMIT APPLICATION

Requirements for participation:

- A valid certificate of veterinary inspection (Good for 30 days from the date of inspection)
- Current Coggins test
- Lifetime brand inspection
- Stallions must comply with Official Order 09-01-1

**THIS APPLICATION REPLACES THE STANDARD 10-DAY IMPORT PERMIT. THE FEE FOR A PERMIT IS \$5.00 PER HORSE PER ADMINISTRATIVE RULE OF MONTANA (ARM) 32.2.401 AND IS NON-REFUNDABLE. PERMITS ARE NOT TRANSFERABLE AND EXPIRE DECEMBER 31 OF THE YEAR IN WHICH THEY ARE ISSUED. PLEASE NOTE IN THE EVENT OF A DISEASE OUTBREAK AFFECTING HORSES, THE STATE VETERINARIAN MAY CANCEL PASSPORT ELIGIBILITY.**

_____	_____
Applicant Name	Ranch or Business Name
_____	_____
Mailing Address	Physical Address
_____	_____
City, State, Zip	City, State, Zip
_____	_____
Phone	Fax
_____	_____
	Email

How would you like to receive your permit(s):  Email  Mail

Payment Method:  Check or Money Order

Online Payment (Credit Card or E-Check)\* Payment Confirmation # \_\_\_\_\_

\*Online payments can be made at [www.animalhealthmt.com](http://www.animalhealthmt.com) and to expedite processing the application should be sent to [livpermits@mt.gov](mailto:livpermits@mt.gov)

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HORSE NAME: \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ BREED \_\_\_\_\_

LIFETIME BRAND INSPECTION NUMBER: \_\_\_\_\_ ISSUING STATE \_\_\_\_\_

DATE BRAND INSPECTION WAS ISSUED: \_\_\_\_\_

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HORSE NAME: \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ BREED \_\_\_\_\_

LIFETIME BRAND INSPECTION NUMBER: \_\_\_\_\_ ISSUING STATE \_\_\_\_\_

DATE BRAND INSPECTION WAS ISSUED: \_\_\_\_\_

**2018 MONTANA ANNUAL EQUINE IMPORT PERMIT APPLICATION CONTINUATION**

OWNER NAME: \_\_\_\_\_

HORSE NAME: \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ BREED \_\_\_\_\_

LIFETIME BRAND ISPECTION NUMBER: \_\_\_\_\_ ISSUING STATE \_\_\_\_\_

DATE BRAND ISPECTION WAS ISSUED: \_\_\_\_\_

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HORSE NAME: \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ BREED \_\_\_\_\_

LIFETIME BRAND ISPECTION NUMBER: \_\_\_\_\_ ISSUING STATE \_\_\_\_\_

DATE BRAND ISPECTION WAS ISSUED: \_\_\_\_\_

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HORSE NAME: \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ BREED \_\_\_\_\_

LIFETIME BRAND ISPECTION NUMBER: \_\_\_\_\_ ISSUING STATE \_\_\_\_\_

DATE BRAND ISPECTION WAS ISSUED: \_\_\_\_\_

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HORSE NAME: \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ BREED \_\_\_\_\_

LIFETIME BRAND ISPECTION NUMBER: \_\_\_\_\_ ISSUING STATE \_\_\_\_\_

DATE BRAND ISPECTION WAS ISSUED: \_\_\_\_\_

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HORSE NAME: \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ BREED \_\_\_\_\_

LIFETIME BRAND ISPECTION NUMBER: \_\_\_\_\_ ISSUING STATE \_\_\_\_\_

DATE BRAND ISPECTION WAS ISSUED: \_\_\_\_\_

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HORSE NAME: \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ BREED \_\_\_\_\_

LIFETIME BRAND ISPECTION NUMBER: \_\_\_\_\_ ISSUING STATE \_\_\_\_\_

DATE BRAND ISPECTION WAS ISSUED: \_\_\_\_\_

*MT Dept. of Livestock* || *Animal Health Division*  
*PO Box 202001, 301 N Roberts* || *Ph 406-444-2043*  
*Helena MT 59620-2001* || *Fax 406-444-1929*