

MONTANA DEPARTMENT OF LIVESTOCK  
ANIMAL HEALTH DIVISION

[www.liv.mt.gov](http://www.liv.mt.gov)

Return to:

PO BOX 202001, HELENA, MT 59620



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**SEASONAL GRAZING APPLICATION**

Seasonal grazing application to allow the pasture to pasture movement of cattle between the State of Montana and the destination state listed below in accordance with 9 CFR Part 78.9 (3)(iii). The approval is valid for one grazing season only and cannot exceed nine months. **The fee is \$14.00 for renewals (those who had an approved permit the previous year) or \$37.00 for new permits (those who are new or did not renew in last year). \$5.00 of this fee is non-refundable.**

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)

**PLEASE SUBMIT REQUEST AT LEAST 2 WEEKS PRIOR TO PLANNED MOVEMENT**

Montana Approval Number: 18-\_\_\_\_\_ Destination State: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Approval Number: \_\_\_\_\_

**A CERTIFICATE OF VETERINARY INSPECTION IS REQUIRED PRIOR TO MOVING THE ANIMALS TO THE OTHER STATE**

Movement Type:  Cross Border Grazing  Commuter Grazing

RANCH/OPERATION INFORMATION		
	Montana Ranch (origin)	Seasonal Grazing Location
Ranch Name		
Owner/Manager Name		
Phone Number		
Mailing Address		
City/State/Zip		
Email Address		
Physical location of cattle		
City/State/Zip/County		
Dates cattle present at location		
Located in a DSA?*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
Comments		

\*For Designated Surveillance Area (DSA) boundary information, please contact the Montana Department of Livestock at 406-444-2043.

**HERD DESCRIPTION**

<input type="checkbox"/> Beef <input type="checkbox"/> Dairy <input type="checkbox"/> Other:		Predominant breed:	
	Headcount		
Adult cows		All are official vaccinates: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Calves at side			
Steers (not at side)			
Heifers (not at side)		All are official vaccinates: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Virgin bulls		<input type="checkbox"/> Virgin statement attached	
Adult bulls		Trich test date:	<input type="checkbox"/> Trich test chart attached(Required)
Horses		Coggins test date:	<input type="checkbox"/> Copy of Coggins test attached
Draw brand and indicate location:		Draw brand and indicate location:	Draw brand and indicate location:

<b>Contact herds in Montana</b>		Please circle below: [C]=across the fence contact   [M]=intermixing livestock	
Name	Address	Phone Number	Code
			C / M
			C / M
			C / M
			C / M
			C / M
<b>Contact herds in Other State</b>		Please circle below: [C]=across the fence contact   [M]=intermixing livestock	
Name	Address	Phone Number	Code
			C / M
			C / M
			C / M
			C / M
			C / M

Montana Code Annotated 81-2-107: Duty to report contagious diseases. A person, including the owner or custodian, who has reason to suspect the existence of a dangerous, infectious, contagious, or communicable disease in livestock or the presence of animals exposed to the disease in this state shall immediately give notice to the Department.

**Owner Certification:**

- I certify that all vaccination eligible female cattle are official brucellosis vaccinates at the time of departure from Montana. I have had my veterinarian vaccinate and/or verify brucellosis vaccination status.
- I certify that this is an established herd and the animals listed on this application bear only the brands listed.
- I will call for a permit before moving animals into Montana. 406-444-2976

I have participated in the Montana Seasonal Grazer program for approximately \_\_\_\_\_ years as part of a normal ranching operation and request the State Veterinarians of both states listed on this application approve of this Seasonal Grazing Application.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**HERD VETERINARIAN CERTIFICATION**

I have no reason to believe the herd listed on this application would jeopardize the health status of any livestock in Montana or a bordering state. Additionally, I hereby certify that all female cattle 4 months of age and over are official brucellosis vaccinates (OCV) with a legible tattoo and that I have either vaccinated or examined all individual animals to verify OCV status.

Signature of Veterinarian:

Date:

Printed Name:

Phone Number:

Address:

City/State/Zip:

**Veterinarian is required to fax or email a copy of the Certificate of Veterinary Inspection within 5 days of issue date to 406-444-1929 or livpermits@mt.gov**

**STATE VETERINARIAN APPROVAL**

Montana State Veterinarian Authorization

Bordering State Agent Authorization

Signature

Date

Signature

Title

Date

FOR OFFICE USE ONLY – Other conditions of movement

Herd Plan required (for DSA herds)