

Deputy State Veterinarian Seminar

Montana Department of Livestock



Accreditation Seminar Agenda

Capitol Building, Room 303
Thursday, September 24, 2015
8:30 a.m.

<u>8:00 – 8:30</u>	CHECK IN
<u>8:30 – 8:45</u>	WELCOME, INTRODUCTIONS, ROLL CALL
<u>8:45 – 9:45</u>	STATE LAB PORTION Dr. Bill Layton, Administrator Diagnostic Laboratory <ul style="list-style-type: none">• Diagnostic Laboratory Review
<u>9:45 – 10:00</u>	BREAK
<u>10:00 – 11:00</u>	STATE: GENERAL INFO Dr. Tahnee Szymanski, Assistant State Veterinarian <ul style="list-style-type: none">• Roles and Responsibilities of a Montana Deputy Veterinarian;• Role of the Department of Livestock; Administrative Rules; Disease Control; Disease Quarantines; Disease Reporting and Disclosure ANNOUNCEMENTS – forms and CVI book order info
<u>11:00 – 12:00</u>	FEDERAL: GENERAL INFO – CATEGORY I & II Dr. Tom Linfield, APHIS – AVIC <ul style="list-style-type: none">• VS-Montana Introductions / NVAP Overview• Responsibilities / Standards For Accredited Veterinarians• Overview of 9 - Code of Federal Regulations (CFR)• Proper Use of International Export Health Certificates / International Export Regulations / Examples of Health Certificates FADS – Category I Animals
<u>12:00 – 1:00</u>	LUNCH BREAK

<u>1:00 – 2:00</u>	FEDERAL: CATEGORY II Dr. Tom Linfield, APHIS – AVIC <ul style="list-style-type: none">• VEHCS (Veterinary Export Health Certificate System)• Canadian Export Certificates (new statements)• VS Programs (Traceability, Eradication Programs)• FADS – Category II Animals• Tuberculosis: Caudal Fold and Comparative Cervical Techniques• VSIS, Electronic Forms
<u>2:00 – 2:15</u>	BREAK ANNOUNCEMENTS – form and CVI book order collection
<u>2:15 – 3:00</u>	STATE: LARGE ANIMAL INFO & TRICH CERTIFICATION Dr. Tahnee Szymanski, Assistant State Veterinarian <ul style="list-style-type: none">• Brucellosis – DSA Dr. Erik Liska, Brucellosis Program Veterinarian• Traceability• Form review• Trichomoniasis
<u>3:00</u>	CHECKOUT – sign out and don't forget to pick up your order from room 323 at Dept. of Livestock!

SUPPLIES: *Room 323 - State Forms & Trichomoniasis Testing Forms/Tags*
 Room 101 – Other Supplies

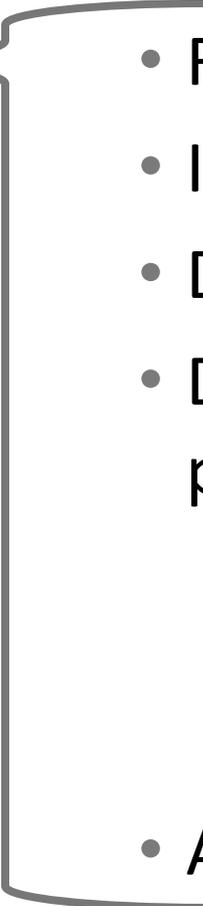
Governor appointed Board comprised of 7 members: 1 each of dairy, sheep, swine and 4 beef producers.

MONTANA DEPARTMENT OF LIVESTOCK

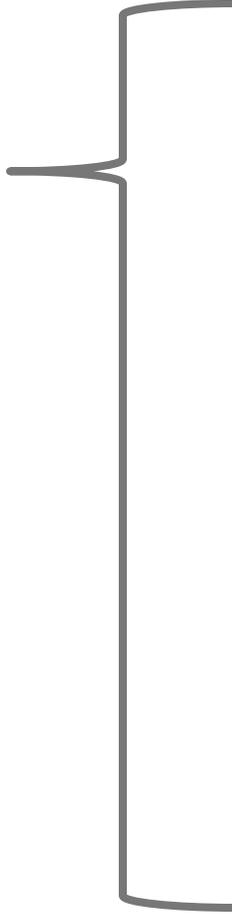
MDOL Divisions

- Animal Health
- Brands Enforcement
- Diagnostic
Laboratory
- Meat Inspection
- Milk and Egg

MDOL Divisions

- Animal Health
 - Brands Enforcement
 - Diagnostic Laboratory
 - Meat Inspection
 - Milk and Egg
- 
- Rule writing
 - Import regulations
 - Disease reporting
 - Disease control programs
 - Brucellosis
 - Trichomoniasis
 - Rabies
 - Alternative Livestock

MDOL Divisions

- Animal Health
 - Brands Enforcement
 - Diagnostic Laboratory
 - Meat Inspection
 - Milk and Egg
- 
- 3 Area supervisors
 - 18 District investigators
 - 13 Markets
 - Brand inspection required on cattle, horses, & sheep to cross county lines

"Deputy State Veterinarian" means a veterinarian licensed in the state of Montana and deputized to perform state functions pursuant to ARM [32.3.139](#) of this subchapter who is not a current employee of the department or the United States Department of Agriculture (USDA).

32.3.138 DEPUTY STATE VETERINARIAN

32.3.140 DUTIES

- a) Be aware of and follow all applicable regulations and instructions as outlined on the Deputy State Veterinarians section of the department's website;
- b) Be aware of and follow all applicable regulations and instructions as outlined in 9CFR;
- c) Quarantine in writing all animals exposed to a quarantinable disease upon suspicion of diagnosis in the absence of, or on the order of the state veterinarian. Immediate notification of quarantine must be made to the Montana State Veterinarian's office by phone, fax, or mail;
- d) Report immediately all cases of quarantinable diseases (ARM [32.3.104](#) and [32.3.105](#)) to the state veterinarian in Helena, by telephone or fax;
- e) Release quarantine upon the direction of the state veterinarian and ARM [32.3.106](#) through [32.3.108](#);

32.3.140 DUTIES (cont.)

- f) Be responsible for proper use of all official certificates, forms, records, reports, tags, or other official identification used in the work as a deputy state veterinarian and take proper precautions to prevent misuse thereof;
- g) Immediately report the loss, theft, deliberate or accidental misuse of any official document or materials as listed above in (1)(d), and must keep these materials in only his/her custody prior to official use;
- h) File a monthly form regarding other reportable diseases;
- i) Mail weekly, all required inspection forms, test charts, certificates of veterinary inspection, and vaccination certificates made during the week.

Duties of a Deputy State Veterinarian

Mail weekly all interstate certificates of veterinary inspection (ICVI)'s, test charts, inspection forms and vaccination certificates.

- CFR 86.5 (b)(1) ... the accredited veterinarian issuing an ICVI must forward a copy of the ICVI or other documentation to the state animal health official of the state of origin within 7 calendar days of the date of issuance.
- CFR 86.5 (b)(2) ... must keep a copy of the ICVI or alternate documentation...
 - For poultry and swine, for at least 2 years
 - For cattle and bison, sheep and goats, cervids, and equines; for at least 5 years.

A Right or a Privilege?

- Not all licensed veterinarians are deputized.
- Non deputized veterinarians cannot
 - Issue interstate certificates of veterinary inspection or use other MDOL official forms.
 - Perform official trichomoniasis testing.
 - Quarantine animals within the state of Montana.
- Deputization can be revoked.

32.3.141 REVOCATION OR SUSPENSION

A deputy state veterinarian may have his/her appointment revoked by any of the following:

- a) Voluntarily surrendered; or
- b) Becoming ineligible because of revocation or suspension of Montana veterinary license or USDA accreditation; or
- c) Revoked or suspended by the department for cause, by violating ARM or established policy and/or procedures.

Re-appointment is NOT obligatory.

81-2-107 Duty to Report - 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.

DISEASE REPORTING

Montana Reportable Animal Diseases



MCA 81-2-107 Duty to Report Contagious Disease "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."

Diseases requiring IMMEDIATE reporting!

May be reported to either the state or federal office.

A verbal quarantine should be placed on premises.

Quarantine should include all susceptible species.

IMMEDIATELY NOTIFY STATE AND FEDERAL OFFICIALS and QUARANTINE:

ARM 32.3.104 Diseases or conditions requiring reporting and quarantine.

Acute swine erysipelas	Equine encephalomyelitis*	Porcine Epidemic Diarrhea PEDV*
African horse sickness	(EEE, WEE, VEE)	Pseudorabies (Aujeszky's disease)
African swine fever	Equine infectious anemia	Rabbit hemorrhagic disease
Avian influenza (High pathogenic* or Low pathogenic)	Equine piroplasmosis	Rift Valley fever*
Bovine babesiosis	Exotic Newcastle disease*	Rinderpest
Bovine spongiform encephalopathy*	Foot and mouth disease	Scrapie
Brucellosis* (Brucella abortus, B. melitensis, B. suis, B. canis)	Fowl typhoid (<i>Salmonella gallinarum</i>)	Sheep pox and goat pox
Cattle fever tick (<i>Boophilus annulatus, B. microplus</i>)	Glanders (Burkholderia mallei)*	Surra (<i>Trypanosoma evansi</i>)
Chronic wasting disease	Heartwater (<i>Cowdria ruminantium</i>)	Swine influenza (H1N1)
Classical swine fever (Hog cholera)	Japanese encephalitis*	Swine vesicular disease
Contagious bovine pleuropneumonia (<i>Mycoplasma mycoides mycoides</i>)	Lumpy skin disease	Trypanosomosis (Tse-tse borne)
Contagious equine metritis	Malignant catarrhal fever	Tuberculosis* (Mycobacterium bovis)
Dourine (<i>Trypanosoma equiperdum</i>)	Mange** (<i>Psoroptes ovis, Sarcoptes scabiei*</i> or <i>Chorioptes sp.</i>)	Vesicular exanthema
	Nairobi sheep disease	Vesicular stomatitis
	New and Old World Screwworm	Viral hemorrhagic septicemia
	Nipah virus encephalitis*	
	Peste des petits ruminants	*Zoonotic disease
		**Only <i>Psoroptes mange</i> is quarantinable

IMMEDIATELY NOTIFY STATE OFFICIALS and QUARANTINE:

(These diseases are not Federally reportable)

ARM 32.3.104 Diseases or conditions requiring reporting and quarantine.

Anthrax*	Equine viral arteritis	Rabies*
Bluetongue	Equine rhinopneumonitis, neurologic form (EHV-1)	Theileriosis
Contagious agalactia (<i>Mycoplasma spp</i>)	Ovine pediculosis	Trichomonosis
Contagious caprine pleuropneumonia	Plague* (Yersinia pestis)	Tularemia*
Contagious foot rot	Pullorum disease (<i>S. pullorum</i>)	West Nile virus*
Criean Congo hemorrhagic fever	Q-Fever* (Coxiella burnetii)	*Zoonotic disease

Montana Department of Livestock

P.O. Box 202001
Helena, MT 59620-2001
Phone: 406-444-2043
FAX: 406-444-1929
Afterhours: 406-444-2976

USDA-APHIS-VS

208 N. Montana Ave. Suite 101
Helena, MT 59601-3837
Phone: 406-449-2220
FAX: 406-449-5439

Quarantine

As a DSV you have quarantine authority in MT:

- Verbal or written.
- Information must be relayed to MDOL.

Pending the result of diagnostic testing, MDOL may issue a formal quarantine from our office.

STATE OF MONTANA
DEPARTMENT OF LIVESTOCK
 Animal Health Division
 PO Box 202001
 Helena, MT 59620-2001
 Ph (406) 444-2043 FAX (406) 444-1929

ORIGINAL – To Owner
 XXXXXXXX

ORDER of QUARANTINE

Please print or type legibly

NAME: _____ PHONE: _____
 ADDRESS: _____ CELL PHONE: _____
 _____ FAX NUMBER: _____
 CITY, STATE, ZIP: _____ COUNTY: _____
 PHYSICAL _____ PREMISE _____
 LOCATION: _____ ID NUMBER: _____

You are hereby notified that _____ in your possession (are / may be) affected with or exposed to _____. By authority vested in me by Title 81, Chapters 2 and 20, Montana Codes Annotated, I hereby quarantine all of said animals which are more particularly described as follows:

No.	Specie	Sex	Age	Color	Breed	Additional Identification

I hereby quarantine the following described premise(s):
 GPS COORDINATES: _____

Until further notice, these animals should not be removed from the quarantined premises until this order is modified or vacated or until removal has been authorized by a representative of the Department of Livestock, Animal Health Division. Issued in accordance with the Administrative Rules of Montana 32.3. ___ at _____, Montana, this _____ day of _____, 20__.

 Authorized Quarantine Agent Signature

(06/2010)
FORM SV-8

MONTHLY Disease Reporting

Report to state office by phone, fax, or email.

Montana Reportable Animal Diseases

Report to STATE Officials within 30 days:

MULTIPLE SPECIES:

Campylobacteriosis*
Cryptosporidiosis*
Echinococcosis/hydatidosis*
Heartworm
Leishmaniasis*
Leptospirosis*
Listeriosis
Paratuberculosis (Johne's Disease)
Salmonellosis*
Trichinellosis*

CATTLE/BISON:

Bovine anaplasmosis
Bovine cysticercosis*
Bovine genital campylobacteriosis
Bovine viral diarrhea
Dermatophilosis (*Dermatophilus congolensis*)
Enzootic bovine leukosis
Hemorrhagic septicemia (*Pasteurella multocida*)
Infectious bovine rhinotracheitis/
infectious pustular vulvovaginitis

EQUINE:

Epizootic lymphangitis
Equine rhinopneumonitis
Equine influenza
Horse mange
Horse pox
Potomac Horse Fever

SHEEP/GOATS:

Caprine arthritis/encephalitis
Enzootic abortion of ewes (Ovine chlamydiosis)
Ovine epididymitis (*Brucella ovis*)
Ovine progressive pneumonia/Maedi-Visna
Ovine pulmonary adenomatosis
Salmonellosis (*S. abortusovis*)

SWINE:

Atrophic rhinitis of swine
Porcine cysticercosis* (*Cysticercus cellulosae*)
Porcine reproductive and respiratory syndrome
Transmissible gastroenteritis

AVIAN/POULTRY:

Avian chlamydiosis* (*Psittacosis*)
Avian infectious bronchitis
Avian infectious laryngotracheitis
Avian mycoplasmosis (*M. gallisepticum*, *M. synoviae*)
Duck virus enteritis
Duck virus hepatitis
Fowl cholera
Infectious bursal disease (Gumboro disease)
Marek's disease
Turkey rhinotracheitis (Avian pneumovirus)

LAGOMORPHS:

Myxomatosis

AQUACULTURE:

Epizootic hematopoietic necrosis
Epizootic ulcerative syndrome
Gyrocactylosis
Infectious hematopoietic necrosis
Infectious salmon anemia
Koi herpesvirus disease
Oncorhynchus masou virus disease
Red Sea bream iridovirus disease
Spring viremia of carp

***Zoonotic disease**

Montana Department of Livestock

P.O. Box 202001
Helena, MT 59620-2001
Phone: 406-444-2043
FAX: 406-444-1929
Afterhours: 406-444-2976

Dr. Martin Zaluski, State Veterinarian

(Revised 1/20/2015)

Montana Stockgrowers
Association 2011



**In the Past 12
months...**

Brucellosis

Johne's

Q-Fever

West Nile Virus

Rabies

Highly Pathogenic Avian
Influenza (HPAI)

OPP

CAE

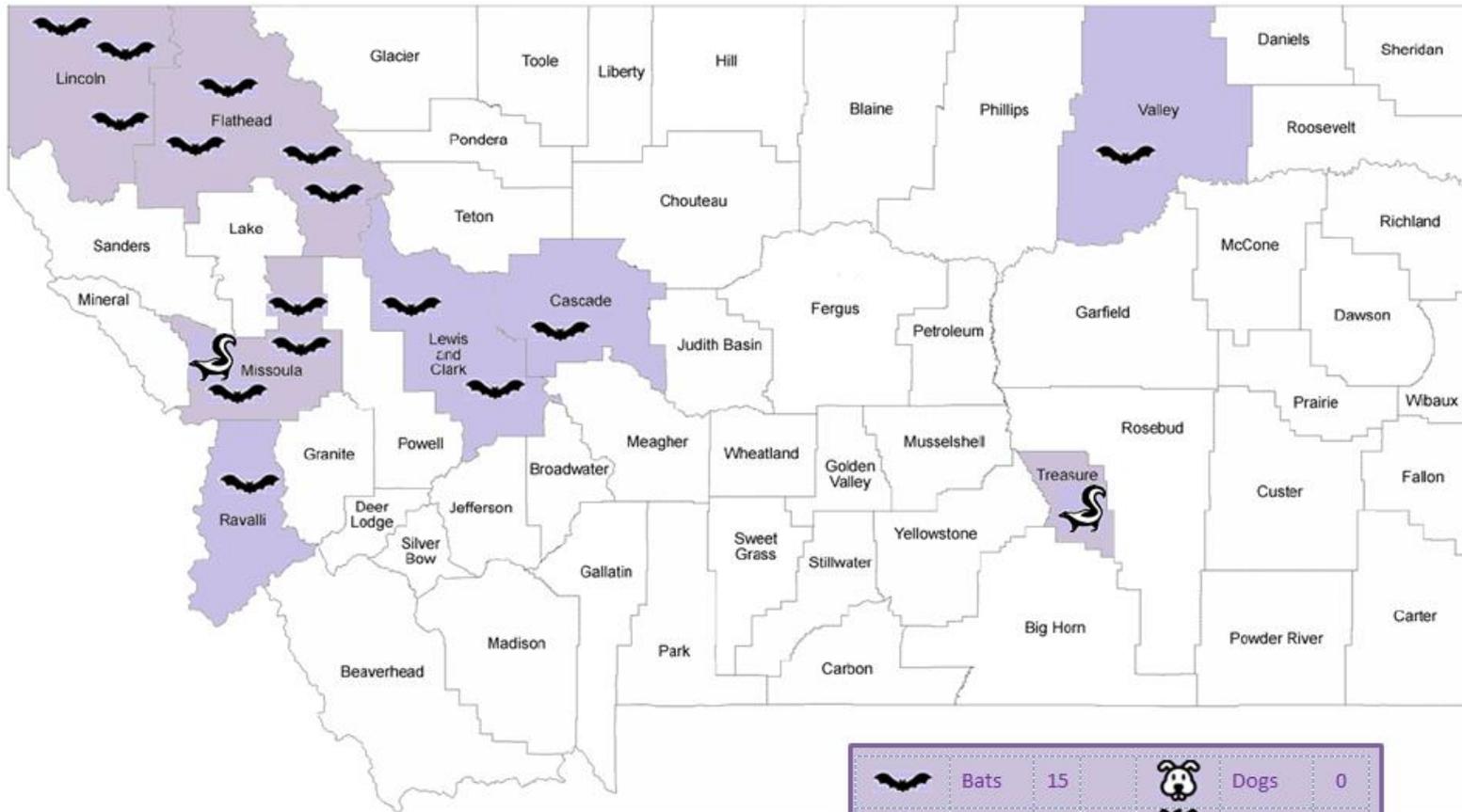
Heartworm

Salmonellosis

Montana law references the Compendium of Animal Rabies Prevention and Control (2011).

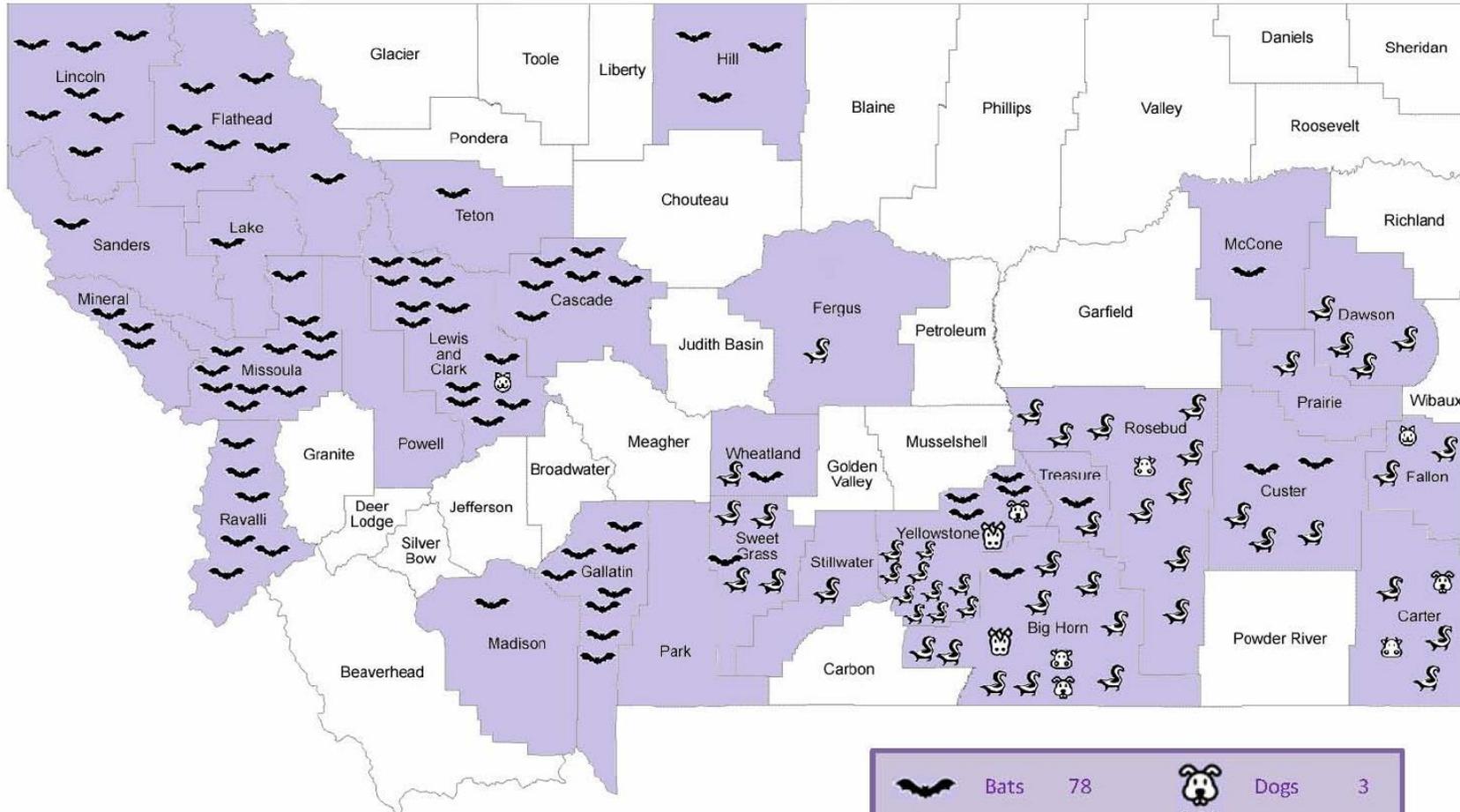
RABIES

As of September 18, 2015



	Bats	15		Dogs	0
	Cats	0		Horses	0
	Cattle	0		Skunks	2

2009-14 Distribution by Species



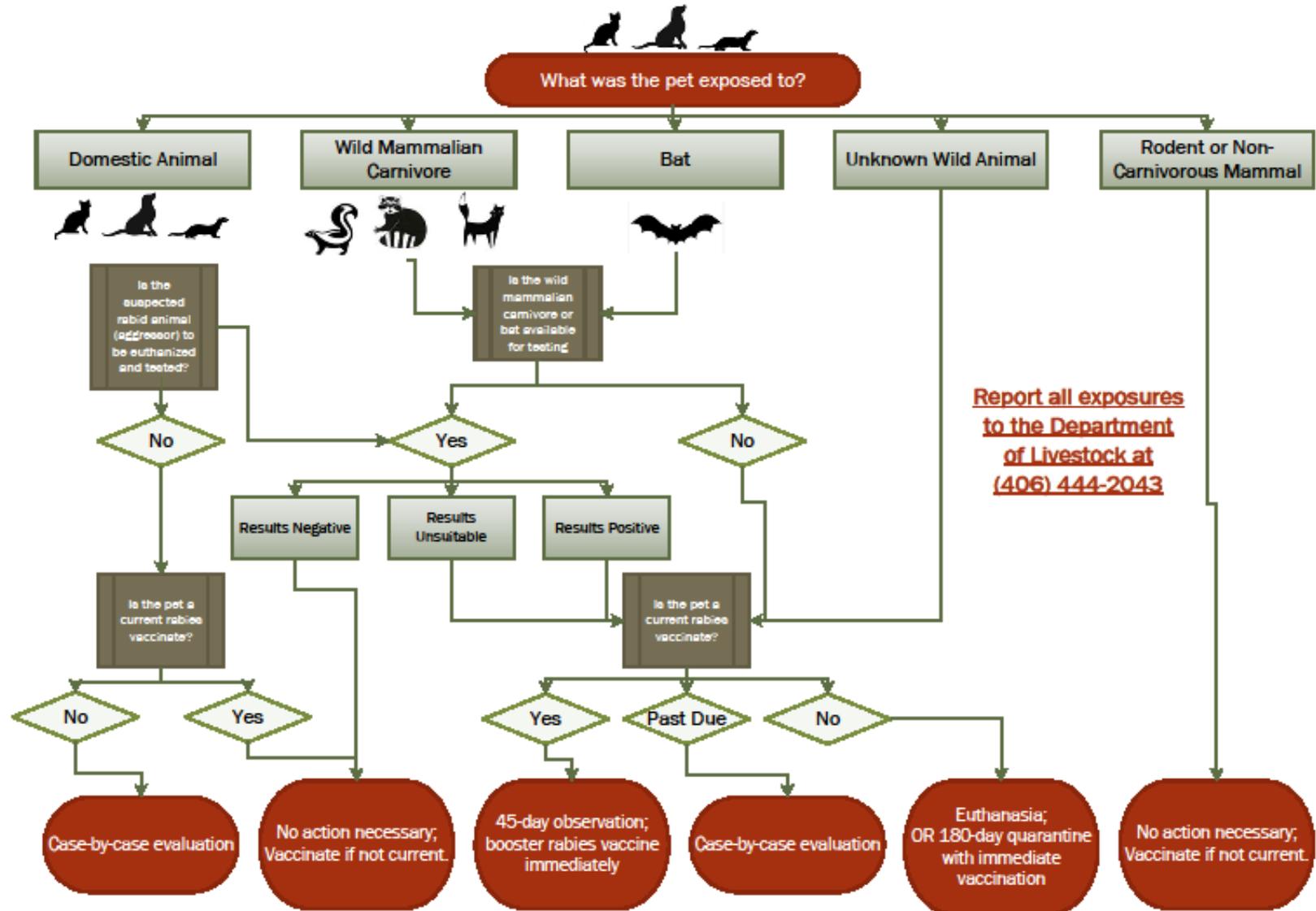
	Bats	78		Dogs	3
	Cats	2		Horses	2
	Cattle	3		Skunks	49

Management of rabies

10 days	→	Q for dogs cats and ferrets that expose humans.
28 days	→	Protective immune response following initial vaccination.
45 days	→	Observation period for vaccinate exposed to a rabies positive animal.
60 days	→	Length of county Q following positive terrestrial rabies case.
180 days	→	Q for non-vaccinates exposed to a positive animal.

Montana Department of Livestock
DOMESTIC ANIMALS RABIES EXPOSURE ASSESSMENT TREE

Rev 1/15/14



What is the veterinarian's role?

45 day observation

- Communication with and education of client

6 month quarantine

- Vaccination of animal at beginning of quarantine period
- Monthly examination of animals under quarantine
- Communication with and education of client

Vaccination/education

Mandatory Reporter

- 37.114.201 ...any person, including, but not limited to a physician, dentist, nurse, medical examiner, other health care practitioner, administrator of a health care facility or laboratory, public or private school administrator, or laboratory professional who knows or has reason to believe that a case exists of a reportable disease or condition defined in ARM [37.114.203](#) must immediately report to the local health officer the information specified in ARM [37.114.205](#)(1) and (2).

Vaccination

- No state law requiring rabies vaccination
- Vaccination requirements are set by city and county ordinances.
- Vaccination certificates should be consistent with the vaccine label

RABIES VACCINATION CERTIFICATE NASPHV FORM 51 (revised 2007)				
Owner's Name & Address Print Clearly			RABIES TAG #	
LAST FIRST M.I.			MICROCHIP #	
NO. STREET CITY STATE ZIP			TELEPHONE #	
SPECIES Dog <input type="checkbox"/> Cat <input type="checkbox"/> Ferret <input type="checkbox"/> Other: <input type="checkbox"/> (specify)	AGE Months <input type="checkbox"/> Years <input type="checkbox"/>	SIZE Under 20 lbs. <input type="checkbox"/> 20 - 50 lbs. <input type="checkbox"/> Over 50 lbs. <input type="checkbox"/>	PREDOMINANT BREED	PREDOMINANT COLORS/MARKINGS
	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Neutered		ANIMAL NAME	
Animal Control License <input type="checkbox"/> 1 Yr <input type="checkbox"/> 3 Yr <input type="checkbox"/> Other _____	DATE VACCINATED Month / Day / Year	Product Name: Manufacturer: (First 3 letters) <input type="text"/> <input type="text"/> <input type="text"/>	Veterinarian's Name: License Number: _____	
NEXT VACCINATION DUE BY: Month / Day / Year	<input type="checkbox"/> 1 Yr USDA Licensed Vaccine <input type="checkbox"/> 3 Yr USDA Licensed Vaccine <input type="checkbox"/> 4 Yr USDA Licensed Vaccine <input type="checkbox"/> Initial dose <input type="checkbox"/> Booster dose	Vaccine Serial (lot) Number	Veterinarian's Signature Address: _____	

Can someone other than you administer the rabies vaccination?

32.3.2301 CONTROL OF BIOLOGICS

(5) The sale of any rabies biologic except to a licensed veterinarian or public health agency is prohibited.

Compendium of Animal Rabies Prevention and Control, 2011

- **Preexposure Vaccination and Management.** Parenteral animal rabies vaccines should be administered only by or under the direct supervision of a licensed veterinarian on the premises. Rabies vaccinations may also be administered under the supervision of a licensed veterinarian to animals being held in animal control shelters before release. The veterinarian who signs the rabies vaccination certificate must ensure that the person administering vaccine is identified on the certificate and is appropriately trained in vaccine storage, handling, administration, and in the management of adverse events. This practice ensures that a qualified and responsible person is held accountable for properly vaccinating the animal.

Human Exposure

MDOL and DPHHS will work with the individual, the local veterinarian, animal control and local public health officials to determine case management.

- Human bitten by animal:
 - Contact animal control and public health
 - 37.114.203 Reportable Diseases and Conditions (at) Rabies in a human or animal; exposure to a human by a species susceptible to rabies infection...
 - 10 day quarantine regardless of vaccination status
 - Do not euthanize animal without permission & without testing!

Positive Cases

- Counties are quarantined for 60 days following diagnosis of terrestrial rabies.
 - All dogs, cats and ferrets must be current vaccinates to leave county.
 - Animals who have received their first rabies vaccination must wait 28 days before traveling (exemptions available on a case by case basis).

County	Positive Species	Effective Date	Release Date*
MISSOULA	SKUNK	SEPTEMBER 15, 2015	NOVEMBER 14, 2015

DIAGNOSTIC LABORATORY REQUEST
 MONTANA DEPARTMENT OF LIVESTOCK
 PO BOX 997, BOZEMAN MT 59771
 PH.: (406) 994-4885
 FAX: (406) 994-6344

ROUTINE MAIL
 TELEFAX
 COPY TO OWNER
 EMAIL

9-19-11

SPECIES <input type="checkbox"/> 1 BOVINE <input type="checkbox"/> 6 CANINE <input type="checkbox"/> 2 EQUINE <input type="checkbox"/> 7 AVIAN <input type="checkbox"/> 3 PORCINE <input type="checkbox"/> 8 WILDLIFE <input type="checkbox"/> 4 OVINE <input checked="" type="checkbox"/> 9 OTHER & MISC <input type="checkbox"/> 5 FELINE		ANIMAL INFORMATION NAME OR I.D. Bat		SUBMITTER: Signature _____ Print Sui _____ ADDRESS _____ CITY/ST _____ PHONE # _____ EMAIL _____ OWNER _____ CITY/STATE _____ ZIP CODE _____ COUNTY _____	
SPECIMENS SUBMITTED TISSUES: <input checked="" type="checkbox"/> FRESH <input type="checkbox"/> FIXED		BREED _____ AGE _____			
ANIMAL: <input type="checkbox"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> FETUS		DATE ANIMAL DIED <u>?</u> SEX _____			
BLOOD: <input type="checkbox"/> WHOLE <input type="checkbox"/> CLOTTED <input type="checkbox"/> SERUM		DATE SPECIMEN TAKEN <u>9/16/11</u> WEIGHT _____			
URINE: <input type="checkbox"/> CYSTO <input type="checkbox"/> FREE CATCH		DATE SUBMITTED <u>9/1</u> PREVIOUS CASE NO. _____			
<input type="checkbox"/> SLIDE(S) <input type="checkbox"/> FLUID <input type="checkbox"/> FECAL <input type="checkbox"/> SWAB (Specify Source) <input type="checkbox"/> OTHER (Specify)					
FRESH/FIXED TISSUES SUBMITTED:					
HISTORY and DIFFERENTIAL DIAGNOSIS <u>Rabies testing</u> <u>found dead in dog blankets.</u> <u>Thank</u>					
LABORATORY TESTS		<input type="checkbox"/> VIROLOGY VIRUS (S) SUSPECTED:		<input type="checkbox"/> ABORTION STUDY ROUTINE ABORTION WORK-UP (histology, bacteriology) ADDITIONAL TESTS	
<input type="checkbox"/> NECROPSY	<input type="checkbox"/> PATHOLOGY	<input type="checkbox"/> BACTERIOLOGY SOURCE:	<input type="checkbox"/> TOXICOLOGY VIRUS(S) SUSPECTED:		

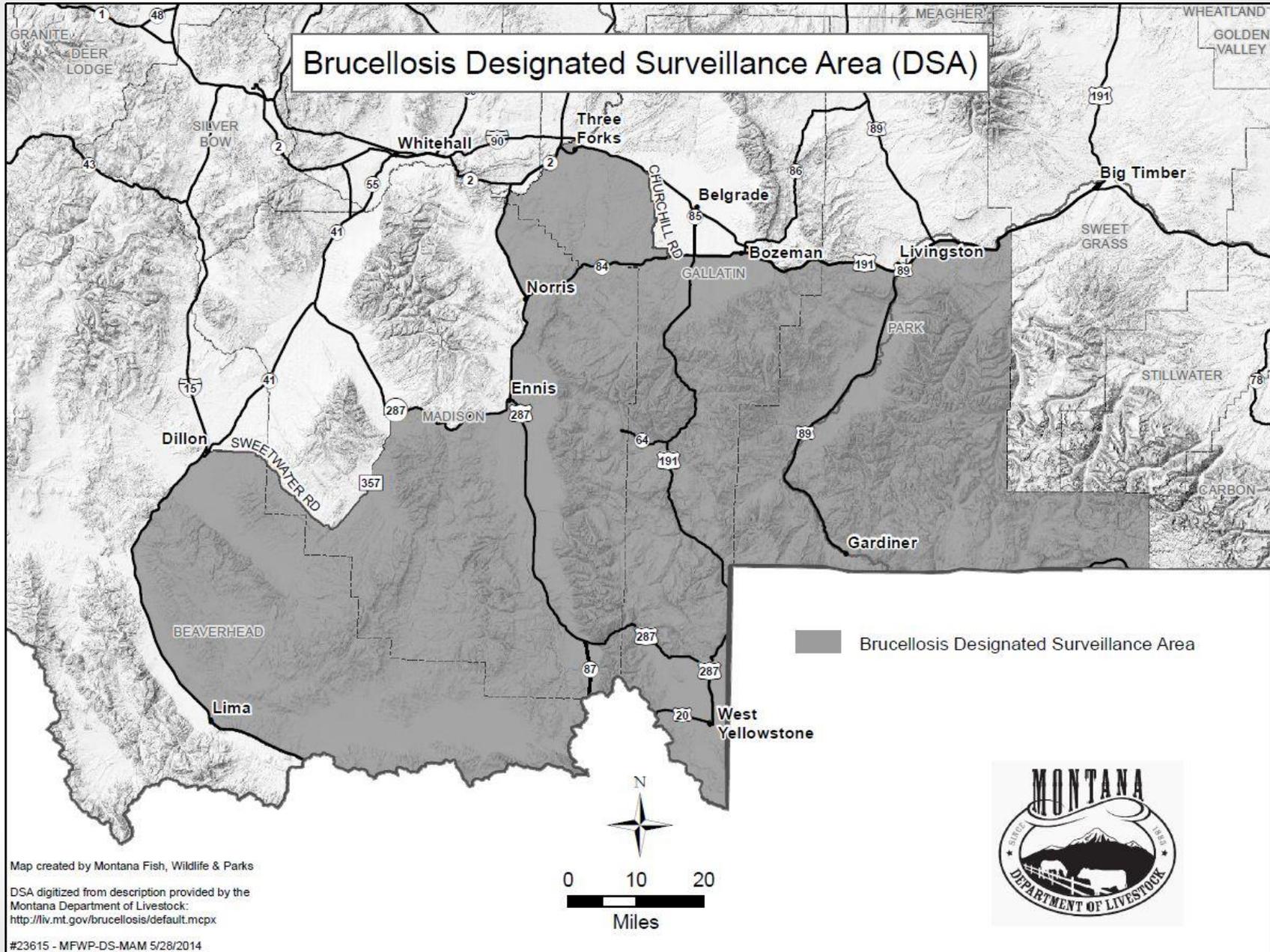
January 2015

Submit entire brain to lab-fresh, not fixed!

Submission errors:



BRUCELLOSIS



Map created by Montana Fish, Wildlife & Parks
 DSA digitized from description provided by the
 Montana Department of Livestock:
<http://liv.mt.gov/brucellosis/default.mcp>
 #23615 - MFWP-DS-MAM 5/28/2014



32.3.435 TESTING

1. ALL test eligible animals and cattle or domestic bison of any age if intended to be used for breeding purposes that are or have been within the DSA:
 - a) A test within 30 days prior to movement out of the DSA or change of ownership, unless going to an approved Montana livestock market or directly to a slaughter.
2. A test July 16 or after is acceptable for movement out of the DSA or change of ownership through February 15 of the following year.



32.3.436 VACCINATION

Within the entirety of counties in which the DSA is located all sexually intact female cattle and domestic bison that are four months of age or older as of January 1 of any year must be Official Calhoun Vaccinates (OCV).



SV-2E



BRUCELLOSIS VACCINATION RECORD

1

Certificate Number: 81- -

Herd Owner:						Veterinarian Name:					Vet Lic #:
Herd Address:						I CERTIFY THAT: (1) I have vaccinated with Strain RB51, tattooed and eartagged or otherwise properly identified all animals listed hereon as prescribed by the Brucellois UM&R, and recorded all information as prescribed by State regulations, (2) when payment is claimed at program expense in accordance with agreement number below no payment has been or will be received from any other source.					
RGE TWP SEC: [] [] []											
CERTIFICATION OF OWNER OR WITNESS I CERTIFY THAT: the animals listed hereon were vaccinated and identified for the above named owner.						Signature _____ Date _____					
Vaccine Used			Expiration Date		Dosage	CERTIFICATION FOR RE-ESTABLISHING VACCINATION STATUS indicate tattoo of animals previously vaccinated in appropriate column. I CERTIFY THAT I have personally examined the animal(s) noted hereon, and have read the official tattoo(s) and have retagged them as shown.					
Serial #		Tattoo	<input type="checkbox"/> AV	Herd Type:		Signature _____ Date _____					
			<input type="checkbox"/> CV								
Date of Vaccination: _____											
Total # Vaccinated: _____						CERTIFICATION FOR PAYMENT <input type="checkbox"/> FEDERAL EMPLOYEE <input type="checkbox"/> FEE BASIS (federal) <input type="checkbox"/> STATE COUNTY <input type="checkbox"/> PRIVATE (owner's expense)					
#	OFFICIAL ID	AGE (mos)	BREED	SEX	TATTOO	#	OFFICIAL ID	AGE (mos)	BREED	SEX	TATTOO
1											
2											
3											
4											
5											



Prep ear by wiping away the ear wax.



Apply a pad of ink.



Stamp through the pad of ink.



11/09/2008

Brush the ink into the holes.

32.3.434

IDENTIFICATION



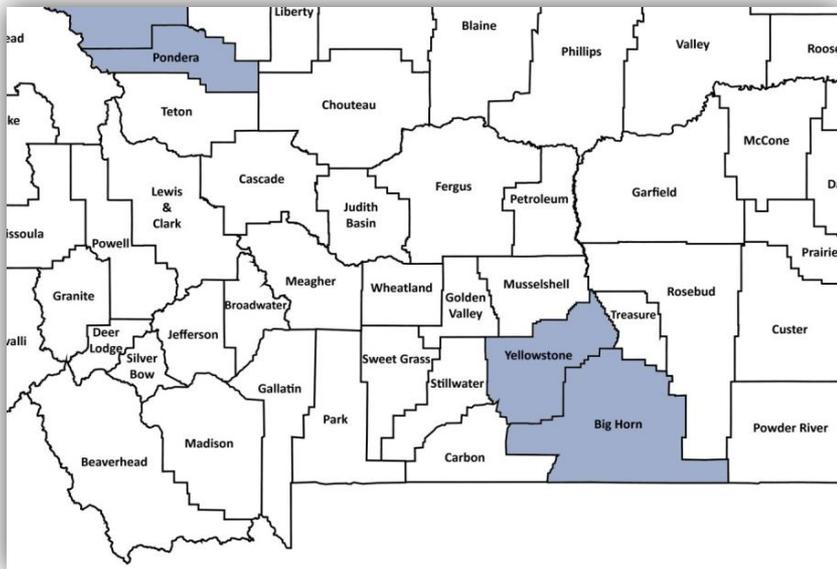
- All sexually intact cattle and domestic bison leaving the DSA must be identified with official individual identification.
- If writing a CVI on animals leaving the DSA, always check with the state of destination for state specific requirements.

TRICHOMONIASIS

Trichomoniasis in MT:

- Reportable and Quarantinable
- Program outlines:
 - Trichomoniasis Epizootic Area (Trich EA)
 - Testing requirements
 - Management of positive animals and herds
 - Import requirements
 - Penalties

Trichomoniasis Epizootic Area (EA):



Negative test required for:

- All non-virgin bulls sold, loaned, or leased within or from the EA.
- All non-virgin bulls inspected out of the EA, including animals for change of pasture.

Statewide Test Requirements:

- Non-virgin bulls from multiple sources going to a common pasture for breeding
 - Exception: Herds with an approved herd health plan on file with MDOL. Herd health plan must include:
 - Best management practices
 - A base line negative test of all non virgin bulls grazing in common
 - A negative test of all newly acquired non-virgin bulls
- Non-virgin bulls imported into Montana.
 - Exceptions: Sporting bovine, CAN origin exhibition, animals imported into CSS certified Bull Semen Collection facilities.

Virgin Bull:

- <12 months of age
- 12-24 months of age with an owner signed affidavit of virginity

If you are testing bulls for out of state movement, please check state of destination requirements!

State Trichomoniasis Import Requirements as of March 15, 2015

State	Accept culture neg. samples?	Accept PCR neg. samples?	Require >1 PCR neg. test?	Pooled PCR samples?	# of days a neg. test is valid with no female commingling?	Age (mos) at which ALL bulls require a test?	Require a 'virgin bull' statement or affidavit?	Virgin bull statement required at what age (mos)?
Alabama	✓	✓			60	18	✓	
Arizona	✓	✓		✓	30	12		
Arkansas	✓	✓			30	24	✓	24
California	✓	✓			60	18		
Colorado	★	✓		✓	60	18		
Georgia	✓	✓			30	18	✓	
Hawaii		✓		✓	30	12	✓	9
Idaho	✓	✓		✓	30	12	✓	12
Iowa	✓	✓		✓	30	24	✓	24
Kansas	★	✓		✓	60	18	✓	18
Louisiana	✓	✓		✓	30	24	✓	
Mississippi	✓	✓		✓	30	24	✓	9
Missouri	✓	✓			30	24	✓	24
Montana	★	✓		✓	60	24	✓	12
Nebraska	✓	✓			30	24	✓	
Nevada	✓	✓			60	12		
New Mexico		✓		✓	60	12		
North Dakota	★	✓		✓	60	24	✓	24
Ohio	✓	✓		✓	30	24	✓	24
Oklahoma	✓	✓		✓	60	24	✓	12
Oregon	★	✓		✓	60	18	✓	12
South Dakota	★	✓		✓	30	None	✓	
Tennessee	✓	✓			30	24	✓	24
Texas		✓		✓	60	12		
Utah	✓	✓		✓	30	12		
Washington	✓	✓		✓	60	12	✓	12
Wyoming	✓	✓	✓		No limit	24	✓	24

★ States consistent with 2014 USAHA Resolution (Single negative PCR within 60 days, virgin bulls up to 18 mos of age)

* Indicates additional detail to requirement, please contact state of destination for clarification.

Official Testing:

- Veterinary Testing Protocol:

<https://www.youtube.com/watch?v=Q4WNNQh6cJRw>

Official Testing:

- Preputial scraping ONLY
- 3 negative weekly cultures
 - 95% sensitivity
 - NOT Specific for T. foetus
- PCR (DNA test)
 - Specific for T. foetus
 - 97% sensitive and specific if sample is properly collected on positive samples.
 - Pooling of samples is now acceptable except for:
 - Known positive herds
 - Epidemiological investigation testing
 - Some interstate movements

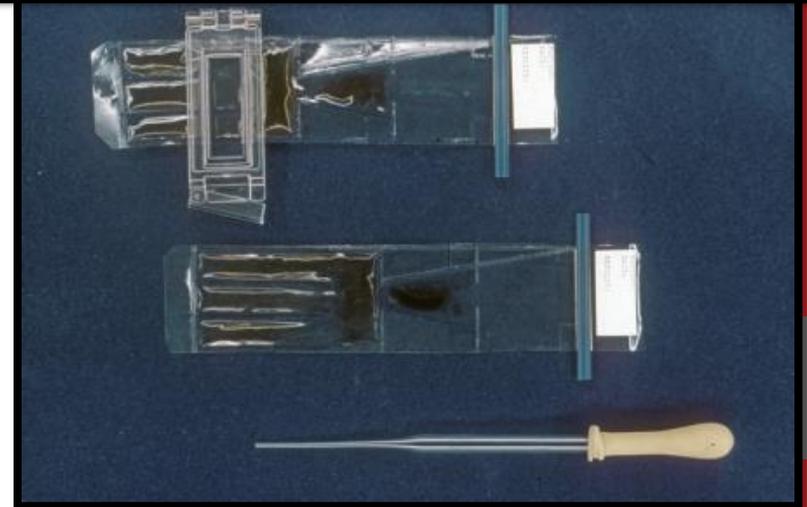
Official Testing:

- Deputy state veterinarian ONLY
- Minimum 2 weeks sexual rest prior to test.
- Minimum 1 week interval between multiple tests.
- Test good for 60 days or immediately upon commingling with female cattle
- Must be performed at an AAVLD accredited laboratory.
- Preferred labs for PCR testing include:
 - **MDOL Veterinary Diagnostic Lab**
 - CSU Veterinary Diagnostic Lab
 - Wyoming State Veterinary Lab

Trichomoniasis Testing Procedure



Double-check pouches BEFORE use to ensure their date has not expired!



Photos Courtesy Dr. Glenn Rogers, Pfizer Animal Health

Identification Requirements:

- At the time of a bull's first trich test, a MT trich tag or other approved official individual id tag must be applied.



Trich Positive Bulls:

- Culture positive animals must be confirmed by PCR.
- Positive* test results must be reported to MDOL within 24 hours.
- A verbal quarantine should be immediately placed on the positive herd.
- MDOL will initiate an epidemiological investigation.
 - Mandatory neighbor notification
- Positive bulls restricted to slaughter only
 - Direct to slaughter
 - Trich approved quarantine feedlot
 - Positive bulls branded with a “V” on right tail head

Trich Positive Herds:

- Movements allowed while under quarantine:
 - Animals direct to licensed market, slaughter, or trich approved quarantine feedlot
 - Virgin bulls
 - Virgin heifers

Trich Positive Herds:

- Remainder of bull herd requires 3 negative weekly PCRs.
- Producer must work with MDOL to complete a herd management plan.
- Cows <120 days bred or <120 days away from bull are restricted to slaughter channels only.
- Following the next breeding season, all non-virgin bulls require a single negative PCR.
- Mandatory neighbor notification
 - Exposed herds subject to a hold order and official trich testing and certification requirements
 - The identity of the positive herd will be kept confidential by MDOL per MCA 81-2-115 except when “ the administrator determines that disclosure is necessary to prevent the spread of an animal disease.”

2013 Trichomoniasis Testing Data

This page contains information on Trichomoniasis testing for the year 2013. To view other years, select a year below:

- [2007 Testing Data](#)
- [2008 Testing Data](#)
- [2009 Testing Data](#)
- [2010 Testing Data](#)
- [2011 Testing Data](#)
- [2012 Testing Data](#)
- 2013 Testing Data

Data by County

January 1, 2013 - May 31, 2013

(click on a column header to sort)

County	Official Negative Tests*	Positive Tests	Percent Positive	Total Females (1000s)	Percent Bulls Tested***
BEAVERHEAD	560	0	0.0%	72.0	19.4%
BIG HORN	405	0	0.0%	49.0	20.7%
BLAINE	185	0	0.0%	52.0	8.9%
BROADWATER	2	0	0.0%	13.7**	0.4%
CARBON	85	0	0.0%	29.5	7.2%
CARTER	22	0	0.0%	39.5	1.4%
CASCADE	117	0	0.0%	40.0	7.3%
CHOUTEAU	41	0	0.0%	27.5	3.7%

Testing Data

Trich Test Data available on department website at http://www.liv.mt.gov/ah/diseases/Trichomoniasis/trichdata_2013.mcpX

TRACEABILITY

Traceability - The Basics

- Official individual identification required* for interstate movement:
 - All sexually intact cattle and bison 18 months of age and older
 - All dairy cattle
 - All animals for exhibition/sporting
- Unless moving...
 - To an approved tagging site.
 - Between two states that have agreed upon alternate form of identification.
 - Direct to slaughter.
 - To an approved livestock facility and then direct to slaughter.



*Please note, cattle and domestic bison originating from Montana's DSA have additional identification requirements.

The Basics (cont.)

- All cattle and bison moved interstate require a certificate of veterinary inspection (CVI) AKA health certificate.
- Unless moving...
 - Direct to slaughter
 - To approved livestock facility and then direct to slaughter
 - Farm of origin to approved livestock facility
- For animals required* to be officially identified, ID must be listed on the CVI, unless:
 - State of destination and Montana have an agreement allowing brand information on CVI (ID, OR, UT, WA, WY).
- Double tagging is not allowed.
- If multiple forms of identification are present, they must all be recorded.

FEDERAL TRACEABILITY REQUIREMENTS BY TYPE OF MOVEMENT

<u>Class of Cattle</u>	<u>Origin of Interstate Movement</u>	<u>Out of State Destination</u>	<u>Official Identification Required?</u>	<u>ICVI</u>	<u>Owner Shipper Statement</u>	
Sexually intact beef cattle 18 months of age and over Sexually intact dairy cattle Castrated dairy cattle born after March 11, 2013 Exhibition animals	Ranch Collection Point Veterinary Clinic Other	MARKET TAGGING SITE			✓	
		MARKET NON TAGGING SITE	✓*		✓	
		TAGGING SITE		✓		
		NON TAGGING SITE (RANCH)	✓	✓		
		SLAUGHTER			✓	
	Market	MARKET TAGGING SITE				✓
		MARKET NON TAGGING SITE	✓			✓
		TAGGING SITE			✓	
		NON TAGGING SITE	✓	✓		
		SLAUGHTER	Backtag			✓
Sexually intact beef cattle <18 months of age Castrated beef cattle of any age	Ranch Collection Point Veterinary Clinic Other	MARKET TAGGING SITE		✓**		
		MARKET NON TAGGING SITE		✓**		
		TAGGING SITE		✓		
		NON TAGGING SITE		✓		
		SLAUGHTER			✓	
	Market	MARKET TAGGING SITE				✓
		MARKET NON TAGGING SITE				✓
		TAGGING SITE			✓	
		NON TAGGING SITE (RANCH)			✓	
		SLAUGHTER				✓
Market = Federally approved livestock facility Slaughter = Federally approved slaughter plant Tagging Site = State approved tagging facility Official Identification = RFID tag, metal bangs tag, or silver metal USDA tag ICVI = Interstate Certificate of Veterinary Inspection, AKA Health Certificate						

- Montana's specific import requirements are outlined in the Traceability Requirements for Cattle Imported into Montana dated June 1, 2013.
- For cattle leaving Montana, always check with the state of destination. States may have additional requirements OR may accept an alternate approved form of official ID (e.g., brand inspection or breed tattoo) or ICVI (e.g., brand inspection).
- Brand inspections are required for all interstate movements of cattle out of Montana.

*Federally approved markets may accept animals without official identification if animals are restricted to slaughter ONLY.

**Animals moving from farm of origin to market do not require a CVI per CFR Part 78.9(a)(3)(i).

Responsibilities

Accredited Veterinarian

- Record retention
 - Tag application
 - CVIs
- Timely submission of documents
 - Vaccination certificates
 - CVIs

Animal Health Official

- Education
- Realistic expectations
- Facilitation
- Records management
- Ability to trace animals

Records Management

- AKA Those pesky silver metal clips!!!

LINE #	OFFICIAL/FEDERAL EAR TAG # REGISTRATION TATTOO OR OTHER PERMANENT IDENTIFICATION	AGE	BREED	SEX	Bruc. Vacc. Status/Tattoo	Dat
1	81 81 AZA 2387 - #7	1yr	Ang	M		
2	81 AZA 2388 - # 1790	↓	↓	↓		
3	81 AZA 2389 - 1324	↓	↓	↓		
4	81 AZA 2390 - 19	↓	↓	↓		
5						
6	All 4 yearling bulls have never					
7	been exposed to females - (All Virgins)					
8						
9	Not from DSA					
10						

Records Management - Tags

What is required:

- Don't lose
- Report if lost/transferred
- Record sufficient contact information, including:
 - Owner
 - Address
 - Tag range applied
 - Date of application
- 5 years

What we expect:

WEDNESDAY 16
April 2014

MILEAGE		CLIENT/APPOINTMENT	SERVICE/NOTES	BILLING	
START	STOP			BILL	PAID
		American Foods y Buis	7		
		817TV2378-2381	8		
		Scott cattle	9		
		817G19983,9987,9974	9		
		Refined Beef	10	45V1474856	45V1354977,4579
		817TV2382-2389	10		
		817W16179	11		
		70W6817	11		
		7WE2901	11		
		7WS3409	11		
		7SJ0096	12		
		7P99894	12		
		7UR9286	12		
		7S93236	12		
			1		
			2		
			3		
		Don Burke	4		
		7304 119th Ave SW	4		
		Bonham WA 98027	5		
		(70) 523-3145	5		
			6		
			7		

Health Certificate

**INTERSTATE CERTIFICATE OF VETERINARY
INSPECTION (ICVI)**

Certificate of Veterinary Inspection

- ICVIS MUST INCLUDE THE FOLLOWING INFORMATION:
 - Species covered
 - Number of animals in shipment
 - Purpose for movement
 - Physical address from which animals originated
 - Physical address that animal are destined to
 - Name and address of consignor and consignee (if different)
 - Official identification must be recorded for animals required to be officially identified

Certificate of Veterinary Inspection (CVI)

- Examination/inspection of animals **MUST** be performed within 10 days prior to date of issuance unless monthly visits conducted.
- Valid for 30 days from the date of inspection.
- Required for out of state travel and some in-state exhibitions/shows.
- Must meet state of destinations import requirements.
- Animals returning to MT must meet our import requirements.
- Montana requires a re-entry permit, valid for 10 days, listed on the CVI (406-444-2976).

Certificate of Veterinary Inspection (CVI)

- Fill out CVI completely and **legibly**, this is a legal document.
- Document all exemptions or special instructions including the name of person giving information.
- Accurately describe the age, gender, species, color and official ID of all animals on shipment.
- Verify test results.
- Do NOT re-tag animals with existing official ID (Bangs tags, silver USDA tags, Scrapie or RFID tags).
- Obtain all required permits:
 - State of destination import permit?
 - Montana re-entry permit if applicable.
- Sign and date the form.

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

MONTANA

81-717345

CERTIFICATE OF VETERINARY INSPECTION

TO ACCOMPANY SHIPMENT

Contact State of Destination for
 Movement Requirements and
 Certificate Validity Duration

FOR FOREIGN SHIPMENTS (Outside United States of Leaving United States) USE FEDERAL FORM

BRAND INSPECTION
 FORM # ISSUE DATE

INSPECTION DATE: 6/20/14 ISSUE DATE: 6/26/14 ENTRY PERMIT:

NAME Joe Cattleman	CONSIGNOR	NAME Bob Breeder	CONSIGNEE	NAME	CARRIER
PHYSICAL ADDRESS 123 Cattle Creek Rd		PHYSICAL ADDRESS PO Box 123		PHYSICAL ADDRESS	
CITY, STATE, ZIP, COUNTY Cattleville MT LSC 59601		CITY, STATE, ZIP, COUNTY PO Box 123 (402) Breedville NE 68787		CITY, STATE, ZIP PHONE 123.4567	
ORIGIN OF ANIMALS <input type="checkbox"/> same as above <input checked="" type="checkbox"/> PREMISES ID#		DESTINATION OF ANIMALS <input type="checkbox"/> same as above <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Record #:	
Species/Number in Shipment <input checked="" type="checkbox"/> Beef Cattle # 110 <input type="checkbox"/> Dairy Cattle #		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 checked="" type="checkbox"/> Breeding <input checked="" 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 checked="" 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):		State/Area Status Tuberculosis: <input checked="" type="checkbox"/> Free <input type="checkbox"/> MAA <input type="checkbox"/> MA Brucellosis: <input checked="" type="checkbox"/> Free <input type="checkbox"/> Class A <input type="checkbox"/> PRV Free <input type="checkbox"/> Other (specify):		Herd/Flock #	

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 Required					TEMPERATURE (if required) VACCINATION AND/OR TREATMENT Please list Date, Product, and Reason for Vaccination/Treatment
						Date	Test	Accession #	Results +/-	Lab	
1	98 Angus X steers	8 mos	Angus	m/c							These cattle are not m branded, have not commingled w/ m branded cattle.
2	-◇- right rib										
3											
4											These cattle did not originate from MTS DSA.
5	10 Angus cows	Adult	Angus	F	RV	6/14	Bruc	14-141414	Neg	MVOL	
6	# left hip										
7	81ABC0001 - 0010										
8											
9	2 Angus bulls	2 yrs	Angus	m		6/14	Trich	14-141415	Neg	MVOL	
10	840 000 002 123456-457										

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 D.V. Emm DATE 6/26/14
 PRINT NAME D.V. Emm PHONE 406-9119111 E-MAIL: dvm@mail.com
 ADDRESS 123 DVM Drive

OFFICIAL OFFICE USE ONLY

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

USDA ACCREDITATION # 001001 STATE OF LICENSE MT LICENSE # 1111

January 2015

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control numbers for this information collection are 0579-0036 and 0579-0333. The time required to complete this information collection is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

No dog, cat, nonhuman primate, or additional kinds or classes of animals designated by USDA regulation shall be delivered to any intermediate handler or carrier for transportation in commerce, unless accompanied by a health certificate executed and issued by a licensed veterinarian (7 U.S.C. 21.43.9; CFR, Subchapter A, Part 2).

OMB APPROVED
0579-0036
0579-0333

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**UNITED STATES INTERSTATE AND INTERNATIONAL
CERTIFICATE OF HEALTH EXAMINATION
FOR SMALL ANIMALS**

WARNING: Anyone who makes a false, fictitious, or fraudulent statement on this document, or uses such document knowing it to be false, fictitious, or fraudulent may be subject to a fine of not more than \$10,000 or imprisonment of not more than 5 years or both (18 U.S.C. 1001).

1. TYPE OF ANIMAL SHIPPED (select one only)

Dog Cat Other _____
 Nonhuman Primate Ferret Rodent

2. CERTIFICATE NUMBER - OFFICIAL USE ONLY

3. TOTAL NUMBER OF ANIMALS

4. PAGE

5. NAME, ADDRESS, AND TELEPHONE NUMBER OF OWNER (CONSIGNOR)

6. NAME, ADDRESS, AND TELEPHONE NUMBER OF RECIPIENT AT DESTINATION (CONSIGNEE)



USDA License/or Registration Number (if applicable)

7. ANIMAL IDENTIFICATION

NAME, AND/OR TATTOO NUMBER OR OTHER IDENTIFICATION	BREED - COMMON OR SCIENTIFIC NAME	AGE	SEX	COLOR OR DISTINCTIVE MARKS OR MICROCHIP
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

8. PERTINENT VACCINATION, TREATMENT, AND TESTING HISTORY

RABIES VACCINATION		OTHER VACCINATIONS, TREATMENT, AND/OR TESTS AND RESULTS	
<input type="checkbox"/> 1 YEAR	<input type="checkbox"/> 2 YEARS	<input type="checkbox"/> 3 YEARS	
Vaccination Date	Product	Date	Product Type and/or Results

9. REMARKS OR ADDITIONAL CERTIFICATION STATEMENTS (WHEN REQUIRED)

VETERINARY CERTIFICATION: I certify that the animals described in box 7 have been examined by me this date, that the information provided in box 8 is true and accurate to the best of my knowledge, and that the following findings have been made ("X" applicable statements).

- I have verified the presence of the microchip, if a microchip is listed in box 7.
- I certify that the animal(s) described above and on continuation sheet(s), if applicable, have been inspected by me on this date and appear to be free of any infectious or contagious diseases and to the best of my knowledge, exposure thereto, which would endanger the animal or other animals or would endanger public health.
- To my knowledge, the animal(s) described above and on continuation sheet(s) if applicable, originated from an area not quarantined for rabies and has/have not been exposed to rabies.

ENDORSEMENT FOR INTERNATIONAL EXPORT (IF NEEDED)
PRINTED NAME OF USDA VETERINARIAN

NAME, ADDRESS, AND TELEPHONE NUMBER OF ISSUING VETERINARIAN

LICENSE NUMBER AND STATE

Accredited Yes No
If yes, please complete below
NATIONAL ACCREDITATION NUMBER

SIGNATURE OF USDA VETERINARIAN *Apply USDA Seal or Stamp here* DATE

NOTE: International shipments may require certification by an accredited veterinarian.
SIGNATURE OF ISSUING VETERINARIAN DATE

eCVI



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

Certificate Number

81nullnull

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

ENTRY PERMIT #:												
INSPECTION DATE:		SHIPMENT DATE:		<input 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#		<input type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate			
Consignor's Address (if different)				Consignee's Address (if different)				<input type="checkbox"/> Print <input type="checkbox"/> Reconsigned				
OWNER/AGENT STATEMENT "The animals in this shipment are those certified to and listed on this certificate."				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		SIGNATURE		Date	Printed Name		Phone	Email				
				Address		City		State	Zip			
				USDA Accreditation #	State of License	MT	License #					
				Signature								

NOT OFFICIAL

ver3

Save Form

Hardware:	N/A	Software:	Adobe	Cost:	\$0	Internet:	No*
-----------	-----	-----------	-------	-------	-----	-----------	-----

iPad iCVI



iPad 12:24 PM 18%

Back CVI Print Submit

General

Entry Permit #

Certificate # 81-13-1434645799r2

Inspection Date 6/18/15

Shipment Date 6/18/15

Default Species

Large Animals Small Animals

Sections

- Consignor
- Consignee
- Carrier
- Statements
- Animals

Consignor Information

Contacts Clear All

First Name Last Name

Business Name Lizzie Layton

Physical Address of Animals 4 B St

City Cody State MT Zip Code 82414

County Broadwater Phone Number (406) 444-1234

Consignor's Address (if different)

Location ID#

GPS: Off On

Latitude Longitude

iCVI Certificate of Veterinary Inspection IIAD

Hardware:

iPad

Software:

Free App

Cost:

\$0

Internet:

No*

VSPS

Click Create CVI

Veterinary Services
Subsiding Animal Health

Veterinary Services
Process Streamlining

Sensitive Security Information - Disseminate on a Need-to-Know
In accordance with 5 U.S.C. § 552(b) this document contains information which may be exempt from disclosure under FOIA, EXEMPTION (b)(4) E - Trade Secrets, Commercial or Financial Information

VSPS Home | Interstate

Interstate Module

[Create CVI](#) [Find CVI](#)

This module is the place to create Certificates of Veterinary Inspection for the movement of animals within the borders of the United States.

Regulations pertaining to the interstate movement of animals are available here: [State Regulations](#)
User documentation is available here: [VSPS Interstate Library](#)

Help Desk:
877-944-8457; select option 3.

[Version 6.7.5, build 2404] USDA | APHIS | Veterinary Services

Hardware:

N/A

Software:

N/A

Cost:

\$0

Internet:

Yes

Interstate Movement Prohibited

- Equine/ bovine piroplasmosis
- Anthrax
- Cattle scabies
- Pseudorabies
- Acute swine erysipelas
- TB
- Johne's Disease
- Brucellosis
- Scrapie
- Bluetongue
- Chlamydiosis
- Salmonella enteritidis serotype enteritidis
- Newcastle Disease

See 9CFR 71.3

Annual Horse Permit

- Frequent out-of-state exhibitors
- Replaces the regular 10 day import permit
- Renewed once a year
- \$5.00 fee per horse
- Expires December 31
- Must accompany the horse at all times
- Does not replace the requirement for a Certificate of Veterinary Inspection
- Lifetime Brand Inspection Required
- [http://liv.mt.gov/ah/forms/equine import permit.pdf](http://liv.mt.gov/ah/forms/equine_import_permit.pdf)

6 month Equine Passport

- Valid Certificate of Veterinary Inspection (SV-7) good for 6 months from date of Coggins blood draw.
- Not to be used for movement of mares and stallions for breeding purposes.
- Limited number of states participate.

6 month Equine Passport

- Prior to approving the 6moHP, our office must receive the intended itinerary, including dates and physical address of the destinations during the six month period, application and fee of \$5.00 per horse.
- Montana will require a lifetime brand inspection on the horse prior to approving a 6moHP.
- A completed (corrected) itinerary must be submitted to the state veterinarian's office at the end of the season, but no later than the end of calendar year.
- Issued to horse owners by the animal health office of their state of residence.
- In the case of a contagious disease event, these passports may be canceled by any of the receiving states.

MONTANA HORSE PASSPORT Certificate # **81-HP 013726**

CERTIFICATE OF VETERINARY INSPECTION AND INTERSTATE MOVEMENT PERMIT

VALID FOR MULTIPLE PASSAGES OF INDIVIDUAL HORSE IDENTIFIED BELOW BETWEEN

PARTICIPATING STATES WHEN VALID PERMIT NUMBERS ARE RECORDED BELOW.

These permits are valid for a period of six(6) months from date the animal was drawn for the FIA test as recorded below.

Owner is responsible for providing completed itinerary to participating states visited.

State Import Permit # _____

CA NA ID _____ MT _____ NJ NA _____ OR _____ WA _____
 CA NA ID 208-237-8510 MT 408-444-2876 NV NA _____ OR 503-592-4879 WA 360-902-1179

NOTE - THIS DOCUMENT IS NOT A BRAND INSPECTION OR OWNERSHIP CERTIFICATE

HORSE IDENTIFICATION					
NAME, ID, TATTOO, BRAND, ETC.	AGE	BREED	SEX	COLOR	LIFETIME BRAND INSPECTION CERTIFICATE NO.
					Date Issued _____

EIA TEST INFORMATION.

Date drawn _____ Name of test _____
 Date rec'd at lab _____ Antigen used _____
 Date read _____ Accession # _____
 Lab Name _____ Lab location _____
 Test result _____ By _____

I hereby certify that this is a correct record of blood sample taken by me or
 The above information is provided from a copy of the test chart signed by
 the veterinarian whose name is printed below:

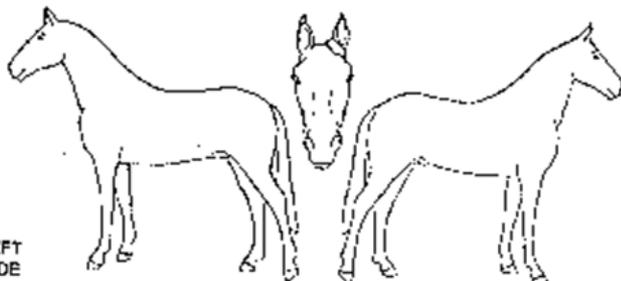
Accredited Veterinarian signature (or print name of testing veterinarian) _____

OWNER INFORMATION (Please type or print)

Name _____
 Mailing Address _____
 City, State, ZIP _____
 Phone _____
 Horse stabled at _____

Destination _____ Home State Office _____ Veterinarian State of Inspection _____

DRAW IN ALL MARKINGS AND BRANDS.



CERTIFICATE OF VETERINARY INSPECTION (Please type or print)

Examining veterinarian _____
 Clinic name _____
 Clinic address _____
 Clinic phone _____
 Date examined _____

The horse named above has been examined by me and found to be free from evidence of infectious or communicable disease.

Signature of Accredited Veterinarian _____

Examined Veterinarian

Green - Owner Veterinary of Back.
 Also copy of this entry to state of destination
 within 10 days after permit expires.



MT DEPT OF LIVESTOCK - ANIMAL HEALTH DIVISION
IMPORT PERMIT SERVICE



[INSTRUCTIONS](#) | [HOW DO I](#) | [FEEDBACK](#) | [CONTACT US](#)

WELCOME TO THE IMPORT PERMIT SERVICE

All equines must obtain an import permit to legally enter the state of Montana. This service allows veterinarians to obtain permits in an easy-to-use online format.

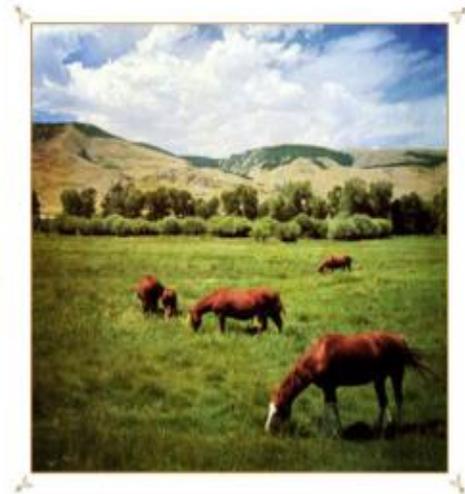
Please visit our website for the latest equine import requirements:
<http://www.liv.mt.gov/ah/Import/horse.mcpX>

Questions? Check out the 'Instructions' and 'How do I' links in the upper right.

If you have an [mt.gov Registered User](#) account you can log into this service using your ePass Montana account. [Why become a Registered User?](#)

REGISTERED USER

PUBLIC USER



[TRY THE DEMO](#)

Illegal Imports

- Quarantine animals until requirements have been met or until animals removed from state.
- Complete:
 - Required testing/vaccination
 - Post-import CVI

STATE OF MONTANA
STEVE BULLOCK, GOVERNOR

DEPARTMENT OF LIVESTOCK
PO BOX 202001
HELENA, MONTANA 59620-2001
FAX (406) 444-1929
www.liv.mt.gov



Animal Health Division (406) 444-2043
Brands Enforcement Division (406) 444-2045
Centralized Services Division (406) 444-4994
Executive Office/Board Of Livestock (406) 444-7323
Meat & Poultry Inspection Division (406) 444-5202
Milk & Egg Bureau (406) 444-9761

MEMORANDUM

From: Dr. Marty Zaluski, Administrator & State Veterinarian 
Subject: Traceability Requirements for Cattle Imported into Montana
Effective Date: June 1, 2013

1. Identification Requirements:

- Official individual identification (ID) is required for all cattle except animals moving directly to a Montana approved tagging site. Additional exemptions (not applicable to exhibition animals or those with test or quarantine requirements) are:
 - Calves less than six months with dams
 - Beef steers and spayed heifers
 - Sexually intact beef cattle up to 18 months of age that are branded and have an official brand inspection certificate
- Canadian cattle must have a CAN hot iron brand that is 2-3 inches tall and applied high on the right hip

2. Approved forms of official individual ID:

- USDA silver ID tags
- USDA orange brucellosis vaccination tags
- Other USDA approved tags such as RFID tags

3. Documentation Requirements:

- A certificate of veterinary inspection (CVI) must accompany all cattle entering Montana except:
 - Cattle moving direct from farm of origin to a federally approved livestock market
 - Cattle moving direct to a federally approved slaughter facility if moving with an owner shipper statement (OSS)
- If required, official individual ID must be listed on the CVI unless:
 - Animals are branded, AND
 - Animals are individually identified, AND
 - Animals have no test or quarantine requirements and are not for exhibition, AND
 - Brand inspection certificate is attached to and cited on the CVI, AND
 - The following statement is included on the CVI:

"The animals in this shipment are identified with official individual identification."

Miscellaneous

- Biologics
 - Tuberculin
 - Anthrax
 - Autogenous vaccines
- NPIP
- Avian Influenza Surveillance
- Form Orders



Any Questions???

Tahnee Szymanski
Assistant State Veterinarian
406-444-5214