

Certificate of Veterinary Inspection and Interstate Movement Register

CERTIFICATE NO.	DATE ISSUED	OWNER	PERMIT NUMBERS
683701			
683702			
683703			
683704			
683705			
683706			
683707			
683708			
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683710			
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683720			
683721			
683722			
683723			
683724			
683725			

SAMPLE

MAIL REGISTER TO:

MONTANA DEPARTMENT OF LIVESTOCK, ANIMAL HEALTH DIVISION, PO BOX 202001, HELENA, MT 59620-2001

WHEN ALL CERTIFICATES IN THIS BOOK HAVE BEEN ISSUED.

Veterinarian: _____

01 / 01 / 01

CV-71

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

MONTANA CERTIFICATE OF VETERINARY INSPECTION

81- 714201

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: _____		ISSUE DATE: _____		ENTRY PERMIT: _____	
NAME _____ CONSIGNOR _____		NAME _____ CONSIGNEE _____		NAME _____ CARRIER _____	
PHYSICAL ADDRESS _____		PHYSICAL ADDRESS _____		PHYSICAL ADDRESS _____	
CITY, STATE, ZIP, COUNTY _____ PHONE _____		CITY, STATE, ZIP, COUNTY _____ PHONE _____		CITY, STATE, ZIP _____ PHONE _____	
ORIGIN OF ANIMALS <input type="checkbox"/> same as above PREMISES ID# _____		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 <input type="checkbox"/> Beef Cattle # _____ <input type="checkbox"/> Dairy Cattle # _____ <input type="checkbox"/> Horses # _____ <input type="checkbox"/> Sheep # _____ <input type="checkbox"/> Goats # _____ <input type="checkbox"/> Swine # _____ <input type="checkbox"/> Poultry # _____ <input type="checkbox"/> Other(specify): # _____		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 type="checkbox"/> Breeding <input 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 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): _____ Herd/Flock # _____		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	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											
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, 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 _____ DATE _____ PRINT NAME _____ PHONE: _____ E-MAIL: _____ ADDRESS _____ USDA ACCREDITATION # _____ STATE OF LICENSE _____ LICENSE: # _____	OFFICIAL OFFICE USE ONLY
OFFICIAL USE ONLY The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.		

The below authorized possessor of this book is responsible for it, its contents and their proper use. Misuses of or negligent loss of it or its contents is a punishable offense.

Instructions for Use

1. This book is the property of the Montana Department of Livestock, Animal Health Division, and has been assigned to _____ **for his/her exclusive use** — and no other.
2. If the book, or any of its contents, become lost or stolen **IMMEDIATELY** notify the State Veterinarian, Helena, Montana 59620. (406) 444-2043.
3. Certificates are to be **issued only after** careful examination of the animals to be shipped and **only after** it is determined that the state-of-destination animal health requirements have been reviewed and complied with **by the person to whom this book has been assigned**.
4. The “state-of destination” copy **must be mailed** the day of issuance. The “Helena Office” copy **must be mailed no later than** the end of the week in which it was issued.
5. Fill out the enclosed Certificate Register immediately upon completing each certificate and mail the register to Helena when all certificates in this book have been used.
6. Each copy **MUST BE CLEARLY LEGIBLE**.