MT Dept of Livestock
PO Box 202001, Helena MT 59620

MONTANA CERTIFICATE OF VETERINARY INSPECTION

CONTINUATION SHEET
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INSPECTION DATE: _____ **CERTIFICATE NUMBER: 81-**

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 Requirements					TEMPERATURE (if required) VACCINATION AND/OR TREATMENT Please list Date, Product, and Reason for Vaccination/Treatment
						Date	Test	Accession #	Results +/-	Lab	