



OFFICE USE ONLY

CHECK/MO: _____

AMOUNT PAID: _____

TRANSMITTAL #: _____

2025 SEASONAL GRAZER APPLICATION

Seasonal grazing application allows 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.**

PLEASE SUBMIT REQUEST AT LEAST 2 WEEKS PRIOR TO PLANNED MOVEMENT

Payment Method: Check or Money Order
 Online Payment (Credit Card or E-Check)* Payment Confirmation # _____
 *Online payments can be made at <https://opp.mt.gov/doa/opp/LIVAnimalHealth/cart>
 and to expedite processing the application should be sent to livpermits@mt.gov

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Montana Approval Number: _____ 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

| | Montana Ranch (Origin) | Seasonal Grazing Location(Destination) |
|-----------------------------------|---|---|
| Ranch Name | | |
| Owner/Manager Name | | |
| Primary Contact Phone Number | | |
| Email Address | | |
| Mailing Address | | |
| City/State/Zip | | |
| Physical address of herd* | | |
| 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 | | |
| Premise ID Number (if applicable) | | |

*If you are unable to provide a physical address, a Lat/Long is required.

**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: |

| Fence line neighbor in Montana | | 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 |
| Contact herds in Other State | | 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 |

CONDITIONS of AGREEMENT

I have initialed each of the statements below showing that I have read, understand and agree to the following:

1. ___ Cattle are from a valid beef breeding herd, established more than six months, moving for grazing purposes without change of ownership.
2. ___ There will not be movement or diversion of cattle from the premises I have described, unless approved prior to movement.
3. ___ I will account for all animals on this agreement.
4. ___ This agreement is subject to change if the risk of disease changes.
5. ___ Cattle must return to the state of origin within 9 months, unless approved by the State Administrator in advance.
6. ___ All sexually intact cattle 18 months and older have USDA approved official identification. Identification is not required to be listed on the health certificate.
7. ___ A certificate of veterinary inspection and a brand certificate, in addition to the valid permit, are required for all cattle within the 30 days prior to entering destination state.
8. ___ Failure to comply with the provisions of this agreement and/or any erroneous information provided may result in the revocation of this permit and/or loss of use of any future grazing permits.
9. ___ 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.

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:

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 with a legible tattoo and that I have either vaccinated or examined all individual animals to verify official 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 Agent Authorization

Bordering State Agent Authorization

Signature

Date

Signature

Date

FOR OFFICE USE ONLY – Other conditions of movement

Herd Plan required (for DSA herds)

Seasonal Grazer Application Checklist

Owner Section:

- Ranch/Operation Information including Origin and Destination Information Section is complete
 - Complete full physical addresses and/or GPS Coordinates
 - Dates of movements are no more than 9 months
 - Indicate if located in Designated Surveillance Area (DSA)

- Herd Description Section is complete
 - Headcount
 - Official CalfhooD Vaccination (OCV) status of females
 - Brand information, if applicable
 - Fenceline and Contact Herd information

- All Conditions of Agreement are initialed

- Owner Certification is complete with signature and date

Veterinarian Section:

- Herd Description Section
 - Virgin Bull Statements and or current season Trich PCR test chart attached, if applicable
 - Negative Coggins test chart, if applicable

- Herd Veterinarian Section is complete with signature and contact information

Note: Incomplete applications or applications missing required information will cause a delay in the approval process. Movement of livestock is NOT permitted until an approval letter is issued from the Montana Department of Livestock.