

MONTANA DEPARTMENT OF LIVESTOCK
ANIMAL HEALTH DIVISION

www.liv.mt.gov

Return to:
PO BOX 202001, HELENA, MT 59620



OFFICE USE ONLY

CHECK/MO: _____

AMOUNT PAID: _____

TRANSMITTAL #: _____

ISSUE DATE: _____

2026 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

OFFICE USE ONLY

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

| RANCH/OPERATION INFORMATION | | |
|-----------------------------------|---|---|
| | Montana Ranch (Origin) | Seasonal Grazing Location(estation) |
| 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 vaccines: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Calves at side | | | | |
| Steers (not at side) | | | | |
| Heifers (not at side) | | All are official vaccines: <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 |

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 vaccines 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 vaccines 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.