

Name of Consignor 1		Name of Consignee 3		Entry Permit No. 12				
Physical Address 2		Physical Address 4		Brand Inspection No. 11	Carrier Name and Address 10			
City, State, Zip Phone		City, State, Zip Phone		Date				
Species <input type="checkbox"/> Cattle 5 <input type="checkbox"/> Horses <input type="checkbox"/> Sheep <input type="checkbox"/> Swine	Number of Animals Shipped 6	ORIGIN OF SHIPMENT County 7 Market	Area Status <input type="checkbox"/> TB Free 8 <input type="checkbox"/> TB Mod. Accred. <input type="checkbox"/> Brucellosis Free <input type="checkbox"/> Brucellosis A	<input type="checkbox"/> Brucellosis B <input type="checkbox"/> Brucellosis C <input type="checkbox"/> Other	Herd or Flock Status <input type="checkbox"/> Accredited Herd No. 9 <input type="checkbox"/> Certified Herd No. _____ <input type="checkbox"/> Validated Herd No. _____ <input type="checkbox"/> Other _____			
INDIVIDUAL ANIMAL IDENTIFICATION AND TEST DATA			BRUCELLOSIS		QUAL. HERD TEST DATES			
OFFICIAL PERMANENT INDIVIDUAL IDENTIFICATION AND DESCRIPTION			TUBERCULIN TEST (INTRADERMAL)		BRUC. VACC. TATTOO SYMBOL			
			Date			1.		
AGE			Date		2.			
			Lab (Name and Address)		3.			
SEX			TEST		VACCINATION and/or TREATMENT			
			TEST RESULTS		For 13 Date and Product			
			CARD	PLATE	RIV	CF	RESULTS	RESULTS
1								
2								
3								
4	14		15	16	17	18	19	
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

PROGRESSIVE PUBLISHING (2008) 786-9231

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 as 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 20	Date
Print Name	License #
Address	Phone

OWNER/AGENT STATEMENT (Where applicable)

"The animals in this shipment are those certified to and listed on this certificate."

Date	Owner/Agent 21
Address	

State Verification

22

LARGE ANIMAL CERTIFICATE OF VETERINARY INSPECTION INSTRUCTIONS

1. Name and Address of Consignor: Fill in completely. Full name(s) of consignor.
2. Physical Address: Address of the physical location the animals are coming from, including city, state and zip code.
3. Name of Consignee: Again, list complete name(s).
4. Physical Address: Address of the physical location the animals are going to, including city, state and zip code.
5. Species: Check the appropriate box. If checking other, make sure to specify what type of animal you're sending.
6. Number of Animals Shipped: Put in this space the total number of animal you are shipping.
7. Origin of shipment: Fill in county of origin and if a livestock market, fill in market name.
8. Area Status: All Idaho counties are T.B. Free. Brucellosis status of state is Class Free. Check the appropriate box.
9. Herd Status: If the herd is accredited for T.B., or certified or validated for Bangs, check the square and put the herd # in the appropriate square. If they are such herds, then fill in the dates of tests that qualified the herd for such status.
10. Carrier: Write in the name and address of the carrier.
11. Brand Inspection Number: Whenever available, write brand inspection certificate number in the space provided.
12. Permit Number: When applicable, write the import permit number in this space.
13. Vaccination/Treatment: This space is provided to give any vaccination or treatment information you may want to list. Example – horses WEE or EVA vaccination, cattle Lepto vaccination or scabies treatment with Ivomec.
14. Permanent Individual Identification and Description: For test eligible animals list the individual official RFID, orange or silver eartag number and any other ID present, including brands.
15. Age, Breed, Sex: Age or animals in years (Y) or months (M). Breed should be abbreviated to fit the square. Sex should indicate whether or not the animal is intact. For example Steers would be S, Bulls would be M, Cows, Heifers and Mares would be F, Stallions would be M or S and Geldings would be G.
16. T.B. Test: If tested, list date and hour of injection, date and hour of reading, and in the body of the certificate, list negative, if that is your result.
17. Brucellosis: Test date of test. Lab where completed and then write in the actual test results and test interpretations(s).
18. Vaccination: In this column put the Brucellosis tattoo symbol, rather than OV. You should list **R** (RB-51 vaccine), shielded **V** and the year. (**RV5**)
19. Other Tests: This column is used to list other tests conducted on the animal, such as EIA for horses. List date of test, lab where tested and accession number (where applicable). Put results in results column.
20. Veterinary Certification: Sign the form, print name and date it with the date you issued the certificate. Please sign legibly.
21. Owner/Agent Statement: Have owner or his agent sign when applicable. Places some of responsibility for animals on the owner.
22. State Verification: Leave blank. The Boise office will endorse the certificate in this spot.

SUBMIT GREEN, YELLOW AND PINK COPIES IMMEDIATELY TO STATE VETERINARIAN, BOISE, IDAHO.

CERTIFICATE OF VETERINARY INSPECTION

82-237476

Name of Consignor John Smith		Name of Consignee Jane Doe		Entry Permit No. 1-1-1 CBA	
Physical Address 123 E Main		Physical Address 22 N Broadway		Brand Inspection No. 12345	Carrier Name and Address Same as owner
City, State, Zip Boise, ID 83704		City, State, Zip Seattle, WA 98102		Phone 208-555-1212	Date 11/1/2014

Species <input checked="" type="checkbox"/> Cattle <input type="checkbox"/> Horses <input type="checkbox"/> Sheep <input type="checkbox"/> Swine	Number of Animals Shipped 2	ORIGIN OF SHIPMENT	Area Status	Herd or Flock Status	QUAL HERD TEST DATES	VACCINATION and/or TREATMENT
		County ADA	<input checked="" type="checkbox"/> TB Free <input type="checkbox"/> TB Mod. Accred. <input checked="" type="checkbox"/> Brucellosis Free <input type="checkbox"/> Brucellosis A	<input type="checkbox"/> Accredited Herd <input type="checkbox"/> Certified Herd <input type="checkbox"/> Validated Herd <input type="checkbox"/> Other		

INDIVIDUAL ANIMAL IDENTIFICATION AND TEST DATA				BRUCELLOSIS				OTHER TESTS	
I N J	Date	Hour	TUBERCULIN TEST (INTRADERMAL)	Date	Lab (Name and Address)	BRUC. VACC. TATTOO SYMBOL	Test For	Test For	
							Accession No.	Accession No.	
							Trich		
							ISDA		
							12/17/14		
							14-123		
							RESULTS	RESULTS	
1	82AAA0000	21	Hol F	Neg		RY4			
2	82BBB0000	104	Red M				Neg		
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

VETERINARY CERTIFICATION <small>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 as 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.</small>		OWNER/AGENT STATEMENT (Where applicable) <small>"The animals in this shipment are those certified to and listed on this certificate."</small>		State Verification
Signature D. Magoo, DVM	Date 1/1/15	Date 1/1/2015	Owner/Agent J. Smith	
Print Name Donald Magoo, DVM	License # 12345	Address 123 E Main, Boise, ID		
Address 99 N 8th Boise, ID 83704	Phone 208-555-1234			

PROGRESSIVE PRINTING (208) 786-9231

CERTIFICATE OF VETERINARY INSPECTION

82-237476

Name of Consignor John Smith		Name of Consignee Jane Doe		Entry Permit No.	
Physical Address 123 E Main		Physical Address 22 N Broadway		Brand Inspection No. 23456	Carrier Name and Address Same as owner
City, State, Zip Boise, ID 83704	Phone 208-332-8540	City, State, Zip Seattle, WA 98102	Phone 206-555-1212	Date 12/10/2014	
Species <input type="checkbox"/> Cattle <input checked="" type="checkbox"/> Horses <input type="checkbox"/> Sheep <input type="checkbox"/> Swine	Number of Animals Shipped 3	ORIGIN OF SHIPMENT County ADA Market	Area Status <input type="checkbox"/> TB Free <input type="checkbox"/> TB Mod. Accred. <input type="checkbox"/> Brucellosis Free <input type="checkbox"/> Brucellosis A	Herd or Flock Status <input type="checkbox"/> Accredited Herd <input type="checkbox"/> Certified Herd <input type="checkbox"/> Validated Herd <input type="checkbox"/> Other	QUAL. HERD TEST DATES 1. 2. 3.
INDIVIDUAL ANIMAL IDENTIFICATION AND TEST DATA			BRUCELLOSIS		VACCINATION and/or TREATMENT For EVA Date and Product ARVAC 2/16/2013
OFFICIAL PERMANENT INDIVIDUAL IDENTIFICATION AND DESCRIPTION			TUBERCULIN TEST (INTRADERMAL)		BRUC. VACC. TATTOO SYMBOL
			Date		
AGE BREED SEX			Lab (Name and Address)		Test For EIA
			Date		Lab ISDA
			TEST		Date 6/16/14
			CARD PLATE RIV CF		Accession No. 14-1234
			TEST RESULTS		Accession No.
					RESULTS
1 JIMMY - Vaccinated for EVA					RESULTS
2 BARBIE					Neg
3 DOUG E					I
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

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 as 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. Magoo DVM** Date: **1/1/15**

Print Name: **Donald Magoo, DVM** License #: **12345**

Address: **9A N 8th Boise, ID 83704** Phone: **208-555-1234**

OWNER/AGENT STATEMENT (Where applicable)

"The animals in this shipment are those certified to and listed on this certificate."

Date: **1/1/2015** Owner/Agent: **John Smith**

Address: **123 E Main, Boise, ID**

State Verification

PROGRESSIVE PRINTING (208) 786-9231

CERTIFICATE OF VETERINARY INSPECTION

82-237476

Name of Consignor John Smith		Name of Consignee Jane Doe		Entry Permit No. 1-2-2-ABC	
Physical Address 123 E Main		Physical Address 22 N Broadway		Brand Inspection No.	Carrier Name and Address Jane Doe - Seattle, WA
City, State, Zip Boise, ID 83704		City, State, Zip Seattle, WA 98102		Phone 208-332-8540	Phone 206-555-1212
Species <input type="checkbox"/> Cattle <input type="checkbox"/> Horses <input type="checkbox"/> Sheep <input checked="" type="checkbox"/> Swine	Number of Animals Shipped 6	ORIGIN OF SHIPMENT County ADA Market	Area Status <input checked="" type="checkbox"/> TB Free <input type="checkbox"/> TB Mod. Accred. <input checked="" type="checkbox"/> Brucellosis Free <input type="checkbox"/> Brucellosis A	<input type="checkbox"/> Brucellosis B <input type="checkbox"/> Brucellosis C <input type="checkbox"/> Other	Herd or Flock Status <input type="checkbox"/> Accredited Herd No. _____ <input type="checkbox"/> Certified Herd No. _____ <input type="checkbox"/> Validated Herd No. _____ <input type="checkbox"/> Other

INDIVIDUAL ANIMAL IDENTIFICATION AND TEST DATA				TUBERCULIN TEST (INTRADERMAL)				BRUCELLOSIS				OTHER TESTS	
I N J	O B S	DATE	HOUR	DATE	HOUR	TEST				BRUC. VACC. TATTOO SYMBOL	Test For	Test For	
						TEST RESULTS					Lab	Lab	
						CARD	PLATE	RIV	CF		RESULTS	RESULTS	
1		82AAA1234		low	Dark	F							
2		82AAA 2345				F							
3		82AAA 3456				M							
4		82AAA 4567				F							
5		82AAA 5678				M							
6		82AAA 6789				M							
7													
8													
9													
10		These pigs have not been fed raw Garbage											
11		These pigs have not been vaccinated with any Pseudorabies Vaccine											
12													
13													
14													
15		To the best of my knowledge, swine represented on this certificate have not, within the last 30 days, originated from a premises known to be affected by PEDV and have not been exposed to PEDV.											
16													
17													
18													
19													
20													

VETERINARY CERTIFICATION <small>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 as 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.</small>		OWNER/AGENT STATEMENT (Where applicable) <small>"The animals in this shipment are those certified to and listed on this certificate."</small>		State Verification
Signature D. Magoo, DVM	Date 1/1/15	Date 1/1/2015	Owner/Agent Smith	
Print Name Donald Magoo, DVM	License # 12345	Address 123 E Main, Boise, ID		
Address 99 N 8th Boise, ID 83704		Phone 208-555-1234		

PROGRESSIVE PRINTING (208) 786-9231