



Wyoming Livestock Board

"To represent and serve Wyoming's livestock industry through protecting livestock health and verifying livestock ownership."

1934 Wyatt Drive, Cheyenne, Wyoming 82002-0051

Phone: (307) 777-7515 ■ Fax: (307) 777-6561 ■ Web Site: <http://wlsb.state.wy.us>



Matthew H. Mead
Governor

Jim Logan, DVM-State Veterinarian

Steve True
Director-Chief Executive
Officer

Interstate Livestock Animal Health Movement Permit

(Revised 03/16/2015)

The State Veterinarian **must** receive this agreement for approval at least **two weeks** prior to the movement date. This agreement is good for Bovine and Ovine and EIA Negative Equine used to manage the Bovine and Ovine herds. This agreement does **not** negate any brand inspection requirements.

State of Origin Permit: _____	State of Destination Permit: _____
(Office use only)	
Application Date: _____	Expiration Date: _____

Name of Herd Owner: _____

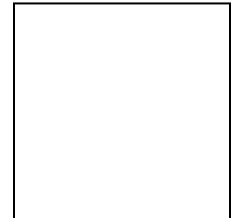
Mailing Address: _____
Street Town County State Zip

Physical Address of Ranch in Home State: _____

Telephone Number: _____ Fax: _____ E-mail: _____

Total Number of cattle in herd to be grazed out of state: _____
 Total Number of sheep in herd to be grazed out of state: _____
 Cows: _____ Calves: _____ Yrl. Heifers: _____ Bulls: (Virgin): _____
 Bulls:(Non-virgin) _____ Yrl. Steers: _____
 Rams: _____ Ewes: _____ Lambs: _____ Wethers: _____ Horses: _____

Brand:
Location:



Wyoming requires Brucellosis Vaccination on all female Bovinae over twelve (12) months of age entering the state.

Number of Brucellosis Non-Vaccinates: _____ Culling Rate: _____

Time necessary to eliminate Brucellosis Non-Vaccinates: _____

Are all replacement heifer calves Brucellosis vaccinated each year? Yes _____ No _____

Are all purchased replacement females official Brucellosis vaccinates: Yes _____ No _____

According to Wyoming's Chapter 8 import requirements, Trichomoniasis Test Eligible Bovine being imported pursuant to an Interstate Livestock Health Movement Agreement, Adjacent State Border Property Movement Permit, or from land owned or controlled by the importer in another state; do not need to be tested for Trichomoniasis, provided the animals are returning to their Wyoming ranch of origin, the animals have not commingled with any other producer's animals, and the animals have not run in any common grazing.

Date of Trichomoniasis Test if do not meet above requirements: _____

Name of Owner of Property of Destination: _____

Destination Mailing Address: _____
Be specific Road, Town, County, State or Description – BLM/USFS Allot. Name. (If under fence so state.)

Destination Complete Physical Address: _____

Time Spent in State of Destination: _____ through : _____
Month-Date-Year Month-Date-Year

Is land leased or owned?: _____

*****This permit must be renewed in writing on a yearly basis*****

Commuter agreements are for breeding herds only - NO TRADER CATTLE

This is to certify that the herd requesting permission to graze is an established breeding herd and has not been assembled within the last six (6) months. I further certify that any purchased female additions to this herd eighteen (18) months or older, from any state not Brucellosis Class Free have been tested negative for Brucellosis **Prior to Entry into** the herd.

By signing on the line below, I verify the above is a true and factual statement, I am eligible for the Trichomoniasis test waiver and, I agree to all the conditions of this contract.

The following must accompany the shipment both ways:

- 1. A Copy of this Agreement.**
- 2. A current brand inspection.**
- 3. Certificate of Health Inspection obtained to make initial commute to other state ****.**

Signature of Owner: _____ **Date:** _____

I am the veterinarian for this herd. The animals in this herd are healthy and there is no evidence of contagious or infectious disease. I am familiar with the herd management and history and to the best of my knowledge animals from this herd pose no disease threat.

Veterinarians Signature: _____

State Veterinarians

- COLORADO:** Dr. Keith A. Roehr, 700 Kipling St., Ste 4000, Lakewood, CO 80215-5894,
Office Phone: (303) 239-4161, Office Fax: (303) 239-4164
- IDAHO:** Dr. Bill Barton, P.O. Box 7249, Boise, ID 83707
Office Phone: (208) 332-8540, Office Fax: (208) 334-4062
- MONTANA:** Dr. Marty Zaluski, P.O. Box 202001, Capitol Station, 6th & Roberts,
Helena, MT 59620-2001. Office Phone: (406) 444-2043, Office Fax: (406) 444-1929
- NEBRASKA:** Dr. Dennis Hughes, P.O. Box 94787, 301 Centennial Mall, South, 4th Flr, Lincoln,
NE 68509. Office Phone: (402) 471-2351, Office Fax:(402) 471-3252
- SOUTH DAKOTA:** Dr. Dustin Oedekoven, 411 South Fort Street, Pierre, SD 57501,
Office Phone: (605) 773-3321 Office Fax: (605) 773 5459
- UTAH:** Dr. Bruce L. King, P.O. Box 146500, 350 N. Redwood Rd., Salt Lake City, UT
84114-6500, Office Phone: (801) 538-7160, Office Fax: (801) 538-7169
- WYOMING:** Dr. Jim Logan; 1934 Wyott Dr., Cheyenne, WY 82002, Office
Phone: (307) 777-7515, Office Fax: (307) 777-6561

For Official Use Only

Approval – Official of State of Origin

Signature: _____ **Date:** _____

Title: _____

Approval – Official of State of Destination

I hereby approve your agreement for movement of cattle as specified in your agreement upon the recommendation of your State Veterinarian, to be accompanied by this Agreement plus a current Brand Inspection and Certificate of Veterinary Inspection.

Signature: _____ **Date:** _____

Title: _____