

## Interstate Livestock Animal Health Movement Commuter Permit

This agreement is for one pasture grazing season, for the livestock, duration, and premises described. Permits are issued on a case-by-case basis. **Requests should be submitted to the Wyoming State Veterinarian at least 14 days prior to the movement date.**

A copy of the approved permit will be sent to the applicant.

<b>Origin Permit #</b>	<b>Destination Permit #</b>	<b>Return by:</b> Mail	<b>Email</b>
<b>ORIGIN INFORMATION</b>			
Owner/Ranch Name:		Premises ID #:	
Physical address:			
City:	County:	State:	Zip Code:
Directions or Lat/Long ( <i>REQUIRED if address unknown</i> ):			
Mailing address:			
City:	State:	Zip Code:	
Livestock owner:	Phone:	Email:	
Manager:	Phone:	Email:	
<b>DESTINATION INFORMATION</b>			
Owner/Ranch Name:		Premises ID #:	
Physical address:			
City:	County:	State:	Zip Code:
Directions or Lat/Long ( <i>REQUIRED if address unknown</i> ):			
Mailing address:			
City:	State:	Zip Code:	
Property owner:	Phone:	Email:	
Manager:	Phone:	Email:	
<b>HERD INFORMATION</b>			
Brand description:		Brand location:	
Other identification:			
Approximate date leaving WY:		Approximate date returning to WY:	
# Adult Cows:	# Calves at Side:	# Yearling Heifers:	# Yearling Steers:
# Virgin Bulls (< 18 moa):	# Non-virgin Bulls:	# Horses:	
# Ewes:	# Lambs at side:	# Rams:	# Yearling Wethers:
Number of years livestock moved to above destination:			
Do livestock graze with other herds? Yes No With whom/grazing allotment:			

# COMMUTER PERMIT

HERD HEALTH INFORMATION		
Herd veterinarian:	Clinic Phone:	Email:
Trichomoniasis Test Date (Test chart Required):	Number Head Tested:	
Are all sexually intact female cattle over 12 months of age Brucellosis vaccinated? Yes No		
Cattle Originating in Wyoming's Designated Surveillance Area		
Do you have a valid Brucellosis Mitigation Plan: YES NO	Mitigation Plan Number:	
If yes, Brucellosis Testing Frequency:	Last Herd Test Date:	Number Tested:
Brucellosis Test Date (Test chart Required):	Number Head Tested:	
Brucella ovis certified free flock? YES NO	Flock ID Number:	
<b>CONDITIONS of AGREEMENT (MUST BE INITIALED IN ORDER TO BE APPROVED)</b>		
I have <i>initialed</i> each of the statements below showing that I have read, understand and agree to the following:		
<ol style="list-style-type: none"><li>___ Livestock are from a valid breeding herd/flock, established for more than six (6) months, moving for grazing purposes without change of ownership.</li><li>___ This agreement is subject to change if the risk of disease changes.</li><li>___ Copies of all required test charts have been provided.</li><li>___ All livestock have official identification, with the exception of steers and calves/lambs accompanied by their dam.</li><li>___ A certificate of veterinary inspection and a brand certificate are required for all livestock on this commuter permit, each shipment requires copies of each</li><li>___ 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 commuter permits.</li></ol>		
Name of Herd Owner or Legal Representative:		
Signature:	Date:	
<b>APPROVAL (FOR OFFICIAL USE ONLY)</b>		
(Origin) Name and signature of State Official:		
Title:	Date:	
(Destination) Name and signature of State Official:		
Title:	Date:	

**A CERTIFICATE OF VETERINARY INSPECTION, BRAND INSPECTION, AND COPY OF THIS PERMIT ARE REQUIRED PRIOR TO MOVEMENT**

