

Interstate Livestock Movement Commuter/Adjacent State Permit

This permit is for one season, for the livestock, duration, and premises described. Permits are issued on a case-by-case basis. **Requests should be submitted via email to Wyoming Livestock Board Animal Health at lsbforms-applications@wyo.gov at least 14 days prior to the movement date.**

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

Origin Permit #	Destination Permit #	Request: Commuter <input type="checkbox"/> Adjacent <input type="checkbox"/>	
ORIGIN INFORMATION			
Owner/Ranch Name:		Premises ID #:	
Physical address:			
City:	County:	State:	Zip Code:
Description of premises to include directions or lat/long (if address unknown): Attach map showing contiguous property.			
Mailing address:			
City:	State:	Zip Code:	
Livestock owner:		Phone:	Email:
Manager:		Phone:	Email:
DESTINATION INFORMATION			
Owner/Ranch Name:		Premises ID #:	
Physical address:			
City:	County:	State:	Zip Code:
Description of premises to include directions or lat/long (if address unknown): Attach map showing contiguous property.			
Mailing address:			
City:	State:	Zip Code:	
Property owner:		Phone:	Email:
Manager:		Phone:	Email:
HERD INFORMATION			
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 <input type="checkbox"/> No <input type="checkbox"/> With whom/grazing allotment:			

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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 <input type="checkbox"/> No <input type="checkbox"/>		
Cattle Originating in Wyoming's Designated Surveillance Area		
Do you have a valid Brucellosis Mitigation Plan: YES <input type="checkbox"/> NO <input type="checkbox"/> 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 <input type="checkbox"/> NO <input type="checkbox"/>		Flock ID Number:
CONDITIONS of PERMIT (MUST BE INITIALED IN ORDER TO BE APPROVED)		
<p>I have <i>initialed</i> each of the statements below showing that I have read, understand and agree to the following:</p> <ol style="list-style-type: none"> 1. ___ Livestock are from a valid breeding herd/flock, established for more than six (6) months, moving for grazing purposes without change of ownership. 2. ___ This permit is subject to change if the risk of disease changes. 3. ___ Copies of all required test charts have been provided. 4. ___ All livestock have official identification, with the exception of steers and calves/lambs accompanied by their dam. 5. ___ A certificate of veterinary inspection and a brand certificate are required for all livestock on this commuter permit, each shipment requires copies of each 6. ___ (Adjacent State Property) This permit is for the movement of livestock between state lines on land contiguous to both sides. All livestock are to stay on premises described above. 7. ___ (Adjacent State Property) If livestock are moved off the premises within one (1) month of entry into Wyoming, they shall be treated as imported livestock and shall be examined by a federally accredited veterinarian and a Certificate of Veterinary Inspection written to ensure they meet all requirements. 8. ___ Failure to comply with the provisions of this permit and/or any erroneous information provided may result in the revocation of this permit and/or loss of use of any future commuter permits. 		
Name of Herd Owner or Legal Representative:		
Signature:		Date:
APPROVAL (FOR OFFICIAL USE ONLY)		
(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

