## WISCONSIN INTERSTATE CERTIFICATE OF VETERINARY INSPECTION

(Also for Intrastate Cervid Movement)
Ch. ATCP 10, Wis. Admin. Code; Ch. 95, Wis. Stats.

PLEASE PRINT LEGIBLY

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SUBMIT ORIGINAL WITHIN 7 DAYS AFTER ISSUE TO:

Department of Agriculture, Trade and Consumer Protection

Division of Animal Health

P.O. Box 8911, Madison, WI 53708-8911

Phone: 608-224-4872 Fax: 608-224-4871

ORIGIN OF SHIPMENT:									Shipment Date:		IMPORT PERMIT NUMBER:											
Owner or Consignor			Con	Consignee or Destination								RECONSIGNEE AT PUBLIC SALE Reconsignee Name										
Origin Street Address			Des	Destination Street Address								Reconsignee Street Address										
Origin City / State / Zip			Des	Destination City / State / Zip								City / State / Zip Premises Registration No.										
Owner Mailing Address / City / State / Zip (if different than above)			Des	Destination Mailing Address / City / State / Zip (if different than above)								Veterinarian Signature										
Phone Number Premises Registration Number			Pho	Phone Number Premises Registration Number								Phone No. ( ) Vet. Lic. No.										
HERD STATUS			7.	S	PECI	ES	1	NUMBER IN	IN			(Sale veterinarian is responsible for meeting state of destination / other movement requirements)										
Disease	Herd Number	Date			s=-s			5 528	SHIPMENT					HAULER INFORMATION (if other than consignee)								
Accredited TB Herd				100 miles	☐ Cattle ☐ Poultry ☐ Camelid ☐ Sheep ☐ Cervidae ☐ Swine ☐ Goat ☐ Other			PURPOSE OF MOVEMENT					Hauler Name									
Qualified TB Herd	78 - 61		70	Sec. 20.				☐ Breeding ☐ Exhibition/Competition			npetition	Hauler Address										
Cervidae CWD Status								☐ Feeding ☐ Sale	Feeding	☐ Medical Treatment ☐ Slaughter ☐ Other			City / State / Zip									
Brucellosis/Other:		*			forse				Training				Hauler Phone No. ( ) Haule						er Lic. No.			
OFFICIAL IDEN	TIFICATION	<b>5</b> €		/VDL M ther:	BORA adison	TOR	WVDL Barro	Park Pills	INDIVIDUA	RCULOSI L ANIMAL 1	EST	TYPEO	CELLOS TEST:_		TYPE	OFT	TANGETON NAMES  TANGETON NAMES  TANGETON NAMES  EST OF THE SECTION  THE SECTION NAMES  TH		TYPEOFT	R IEST		
RFID, USDA eartag, Registral	ion number, Breed tattoo	9	BREE		SEX	AGE	OCV TATTO	၁၀	DATE INJECTED	TES RESI	ነ <b>ገ</b> <b>!</b> !ፒ	PATE BLED	TEST	RESULT	DATI BLEI	5	TEST RES	ULT	DATE :	TEST RESULT		
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		9							21 <sup>*</sup>					9	Bi Demonstration of		5					
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VETERINARIAN: I certify as a vidisease (except where noted). I No warranty is made or implied.	The vaccinations and rest	ılts of t	ests are as in	ndicated	on this	certifi	cate. To the	ed a best	nimal(s) have t of my knowle	been inspe dge, the an	cted by imal(s)	me and that listed on this	they are certificate	not show e meet th	ing any sig e state of o	ns of destina	infectious, o ation and Fe	contagi ederal i	ous and/or on nterstate rec	communicable quirements.		
OWNER / AGENT STATEMENT: this shipment are as listed on this	I certify the animal(s) in certificate.	Accre	edited / Lice	ensed V	eterin	arian	Signature		. Ve	eterinarian	's Lice	nse Numbe	er .	Phon-	e Numbe	r	(200 <b></b> )	Date	Inspected	a g <sup>M</sup>		
Owner / Agent Signature	8	Veter	rinarian's Pi	rinted N	lame	\$3 		named to the	Ad	ldress	3	8		(2) (S)	62		2	Date	Certificate	issued		