

All Four Copies Should Remain Attached. This includes the Green Copy. Have your vet make a copy of this record for their files. The Sale Vet will ensure that copies are forwarded to the proper authority. \$25.00 fee for all re-writes.



Patty Judge
Secretary of Agriculture

CERTIFICATE OF VETERINARY INSPECTION

IOWA Department of Agriculture & Land Stewardship

Animal Industry, Wallace Building, 2nd Floor, Des Moines, Iowa 50319

No. 42- 1893643
Permit No. (515) 281-5547
Fax No. (515) 281-4282

OWNER AND/OR CONSIGNOR NAME <u>Your Name</u> STREET <u>Your Street</u> CITY <u>Your City</u> ST <u>State</u> ZIP <u>Zip</u> COUNTY <u>Your County</u>	CONSIGNEE AND DESTINATION NAME <u>ISF Whether Sire & Dam Sale</u> STREET <u>E 30th & E University</u> CITY <u>Des Moines</u> ST <u>Iowa</u> ZIP <u>50317</u> COUNTY <u>Polk</u>	RECONSIGNEE AT PUBLIC SALE DATE _____ NAME _____ STREET _____ CITY _____ ST _____ ZIP _____ CTY _____ <small>Signature (Veterinarian) NOTE: The consignee is responsible for and must meet state of destination and other movement requirements.</small>
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SPECIES	Number of Shipment	AREA STATUS	HERD STATUS			INSPECTION DATE	Date of Inspection	PERMIT NUMBER
			Brucellosis	Tuberculosis	Brucellosis			
Cattle	1	Free	Free	Certified or Validated Number	Accredited Herd Number	Qualified Free Number	Treated For	
Horses	X	Breeding	Class A	Reciprocity			Product	
X Sheep		Feeding	Class B	Modified			Date	
Other		Slaughter	Class C	Accredited	DATE OF LAST HERD TEST			
		Exhibition						

IDENTIFICATION TAG or REGISTRY NUMBER	DESCRIPTION OF ANIMALS	AGE	SEX	BREED	Tuberculin Test		Brucellosis Test			Brucellosis Vaccination	Other Tests	
					Date of Injection	Results of 72 Hour Observation	Date Lab	BAPA	Card			Other
Premises ID & Scrapie Tag # 1	Tag #	6mo	F	Xbred								
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

Animal listed is not scrapie positive, suspect, exposed or high risk, and the flock of origin is not infected, source, exposed or non-compliant flock.

I certify these animals are free of clinical signs of the diseases contagious footrot, blue tongue, keratoconjunctivitis, contagious ecthyma (Orf), scabies and lice. I further certify that the animal listed was not exhibiting clinical signs associated with scrapie.

Signature of Vet

OWNER/AGENT STATEMENT (WHERE APPLICABLE): <small>I hereby certify that the above described animals are listed on this certificate.</small> Signature <u>Your Signature</u> Printed Name <u>Your Printed Name</u> Address <u>Your Address</u> City, State, Zip <u>Your City, State, Zip</u>	CERTIFICATION OF ISSUING VETERINARIAN: <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 diseases, (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</small>	Vet Accreditation Code <u>Vet Code</u> Date of Inspection _____ Accredited Veterinarian's Signature <u>Vet Signature</u> Printed Name <u>Vet Printed Name</u> Address <u>Vet's Address</u> City, State, Zip <u>Vet's City State & Zip</u> Telephone <u>Vet's Telephone #</u>
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