

**COURTESY COPY**

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

**WISCONSIN INTRASTATE
 CERTIFICATE OF VETERINARY INSPECTION**
 (Not for Cervid Movement)
 Ch. ATCP 10, Wis. Admin. Code; Ch. 95, Wis. Stats.

PLEASE PRINT LEGIBLY

HERD STATUS				RECONSIGNEE AT PUBLIC SALE				SHIPMENT					
Check One: <input type="checkbox"/> Accredited TB Herd <input type="checkbox"/> Qualified TB Herd <input type="checkbox"/> Cervidae CWD Status <input type="checkbox"/> Brucellosis Certified Herd Herd Number: _____ Date: _____				Date: _____ Premises registration number: _____ Re-consignee name: _____ Re-consignee address: _____				Date of shipment: _____ Number of animals in shipment: _____					
SPECIES: <input type="checkbox"/> Cattle <input type="checkbox"/> Horses <input type="checkbox"/> Goats <input type="checkbox"/> Swine <input type="checkbox"/> Poultry <input type="checkbox"/> Sheep <input type="checkbox"/> Other: _____													
ORIGIN OF SHIPMENT: <input type="checkbox"/> Farm <input type="checkbox"/> Dealer <input type="checkbox"/> Market / Name: _____ PURPOSE OF MOVEMENT: <input type="checkbox"/> Breeding <input type="checkbox"/> Feeding <input type="checkbox"/> Sale <input type="checkbox"/> Exhibition <input type="checkbox"/> Other: _____													
OWNER OR CONSIGNOR				PHONE NUMBER		CONSIGNEE				PHONE NUMBER			
ORIGIN STREET ADDRESS				PREMISES REGISTRATION NUMBER		DESTINATION STREET ADDRESS				PREMISES REGISTRATION NUMBER			
ORIGIN CITY / STATE / ZIP						DESTINATION CITY / STATE / ZIP							
OWNER MAILING ADDRESS / CITY / STATE / ZIP (if different than above)						DESTINATION MAILING ADDRESS / CITY / STATE / ZIP (if different than above)							
OFFICIAL IDENTIFICATION				LABORATORY		TUBERCULOSIS		BRUCELLOSIS		EIA		OTHER TEST	
USDA eartag, Breed registration number, RFID number				<input type="checkbox"/> WVDL Madison <input type="checkbox"/> Barron <input type="checkbox"/> Other: _____		INDIVIDUAL ANIMAL TEST		TYPE OF TEST: _____		TYPE OF TEST: _____		TYPE OF TEST: _____	
				BREED	SEX	AGE	OCV TATTOO	DATE INJECTED	TEST RESULT	DATE BLED	TEST RESULT	DATE BLED	TEST RESULT
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
VETERINARIAN: I certify as a veterinarian, accredited and certified by the State of Wisconsin, that the described animal(s) have been inspected by me and that they are not showing any signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on this certificate. To the best of my knowledge, the animal(s) listed on this certificate meet the state of destination and Federal interstate requirements. No warranty is made or implied.													
OWNER / AGENT STATEMENT: I certify the animal(s) in this shipment are as listed on this certificate.				ACCRED / LIC VETERINARIAN SIGNATURE				VETERINARIAN LIC. NO.		ADDRESS		DATE INSPECTED	
OWNER / AGENT SIGNATURE				VETERINARIAN'S PRINTED NAME				PHONE NUMBER		EMAIL ADDRESS		DATE CVI ISSUED	

Personal information you provide may be used for purposes other than that for which it was originally collected – sec. 15.04(1)(m), Wis. Stats. Equal Opportunity Employer

FORM DISTRIBUTION: PINK (accompany shipment), GOLDENROD (retained by issuing veterinarian)