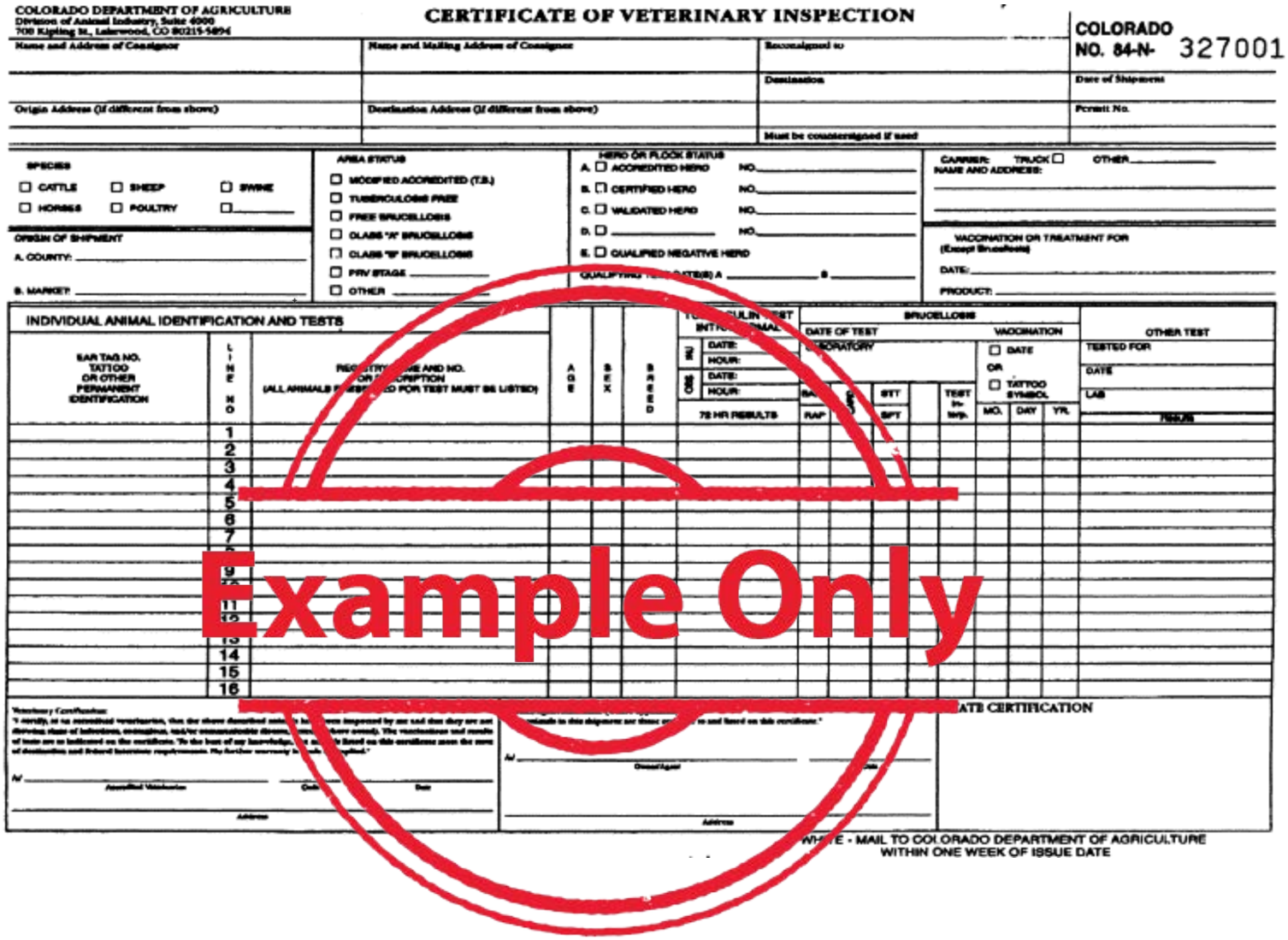
Certificate of Veterinary Inspection



COLORADO DEPARTMENT OF AGRICULTURE
Division of Animal Industry, Suite 4000
700 Kipling St., Lakewood, CO 80215-5894

CERTIFICATE OF VETERINARY INSPECTION

COLORADO
NO. 84-N- 327001

Name and Address of Consignor | Name and Mailing Address of Consignee | Reconsigned to

Destination | Date of Shipment

Origin Address (If different from above) | Destination Address (If different from above) | Permit No.

Must be countersigned if used

SPECIES
☐ CATTLE ☐ SHEEP ☐ SWINE
☐ HORSES ☐ POULTRY ☐ _____

ORIGIN OF SHIPMENT
A. COUNTY: _____
B. MARKET: _____

AREA STATUS
☐ MODIFIED ACCREDITED (T.B.)
☐ TUBERCULOSIS FREE
☐ FREE BRUCELLOSIS
☐ CLASS "A" BRUCELLOSIS
☐ CLASS "B" BRUCELLOSIS
☐ PRV STAGE _____
☐ OTHER _____

HERD OR FLOCK STATUS
A. ☐ ACCREDITED HERD NO. _____
B. ☐ CERTIFIED HERD NO. _____
C. ☐ VALIDATED HERD NO. _____
D. ☐ _____ NO. _____
E. ☐ QUALIFIED NEGATIVE HERD
QUALIFYING TEST(S) A _____ B _____

CARRIER: TRUCK ☐ OTHER _____
NAME AND ADDRESS:

VACCINATION OR TREATMENT FOR
(Except Brucellosis)
DATE: _____
PRODUCT: _____

INDIVIDUAL ANIMAL IDENTIFICATION AND TESTS

EAR TAG NO. TATTOO OR OTHER PERMANENT IDENTIFICATION	LINE NO	REGISTRY NAME AND NO. OR DESCRIPTION (ALL ANIMALS PRESENTED FOR TEST MUST BE LISTED)	AGE	SEX	BREED	TUBERCULIN TEST INTRADERMAL — 72 HR RESULTS	BRUCELLOSIS — DATE OF TEST / LABORATORY	BRUCELLOSIS VACCINATION	OTHER TEST
	1					INJ DATE: HOUR: / OBS DATE: HOUR:	RAP STT SAT	☐ DATE OR ☐ TATTOO SYMBOL MO. DAY YR.	TESTED FOR DATE LAB RESULTS
	2								
	3								
	4								
	5								
	6								
	7								
	8								
	9								
	10								
	11								
	12								
	13								
	14								
	15								
	16								

Veterinary Certification:
"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 as noted above). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, they have been handled on this certificate meet the requirements of destination and Federal interstate requirements. No further warranty is made or implied."

Signature of Accredited Veterinarian _____ Code _____ Date _____
Address _____

Consignee Certification:
"I certify that the animals listed in this shipment are those described on and listed on this certificate."

Signature of Consignee _____ Date _____
Address _____

STATE CERTIFICATION

WHITE - MAIL TO COLORADO DEPARTMENT OF AGRICULTURE
WITHIN ONE WEEK OF ISSUE DATE