

CONTACT THE STATE OF  
 DESTINATION FOR ENTRY  
 REQUIREMENTS

STATE OF CALIFORNIA  
**CERTIFICATE OF VETERINARY INSPECTION**  
 FOR LIVESTOCK AND POULTRY  
 USE FEDERAL FORMS FOR ALL FOREIGN SHIPMENTS

VALID FOR 30 DAYS FROM THE DATE  
 OF INSPECTION OF THE ANIMAL(S)  
 IDENTIFIED ON THIS DOCUMENT

93 000000

INTERSTATE <input type="checkbox"/>	INTRASTATE <input type="checkbox"/>	INSPECTION DATE:	SHIPMENT DATE:	BRAND INSPECTION #:	BRAND INSPECTION DATE:	ENTRY PERMIT NUMBER
NAME CONSIGNER/SHIPPER		NAME CONSIGNEE/RECEIVER		NAME CARRIER		
PHYSICAL ADDRESS		PHYSICAL ADDRESS		PHYSICAL ADDRESS		
CITY, STATE, ZIP		CITY, STATE, ZIP		CITY, STATE, ZIP		PHONE
ORIGIN (if different from above)		DESTINATION (if different from above)		TEST RECORDS - Are legible copies of official charts attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PREMISES ID #		PREMISES ID #		Record # _____ # _____ # _____		

<b>SPECIES &amp; NUMBER IN SHIPMENT</b> <input type="checkbox"/> Sheep # _____ <input type="checkbox"/> Goats # _____ <input type="checkbox"/> Horses # _____ <input type="checkbox"/> Swine # _____ <input type="checkbox"/> Poultry # _____ <input type="checkbox"/> Dairy Cattle # _____ <input type="checkbox"/> Beef Cattle # _____ <input type="checkbox"/> Mexican Origin Cattle # _____ <input type="checkbox"/> Other (specify) # _____ <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-top: 5px;">Total # in Shipment: _____</div>	<b>MOVEMENT PURPOSE</b> Check all that apply <input type="checkbox"/> Breeding <input type="checkbox"/> Feeding <input type="checkbox"/> Slaughter <input type="checkbox"/> Sale <input type="checkbox"/> Grazing <input type="checkbox"/> Show <input type="checkbox"/> Ownership Change <input type="checkbox"/> Race <input type="checkbox"/> Rodeo <input type="checkbox"/> Pet <input type="checkbox"/> Medical <input type="checkbox"/> Other: _____	<b>STATE / AREA STATUS</b> <u>Tuberculosis</u> <input type="checkbox"/> Free <input type="checkbox"/> Modified Accredited Advanced <input type="checkbox"/> Modified Accredited <u>Brucellosis</u> <input type="checkbox"/> Free <input type="checkbox"/> Class "A" PRV <input type="checkbox"/> Free Other (specify) <input type="checkbox"/> _____	<b>HERD / FLOCK FREE FOR</b> <input type="checkbox"/> TB <input type="checkbox"/> Brucellosis <input type="checkbox"/> PRV <input type="checkbox"/> Scrapie <input type="checkbox"/> Johne's <input type="checkbox"/> NPIP <input type="checkbox"/> Other _____ Herd/Flock # _____ # _____ Herd Test Dates _____	<b>CARRIER</b> <input type="checkbox"/> Car <input type="checkbox"/> Air <input type="checkbox"/> Mail <input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Trail <input type="checkbox"/> Boat <input type="checkbox"/> Other _____
--	---	---	--	---

LINE #	INDIVIDUAL ANIMAL IDENTIFICATION					BRUCELLOSIS		TB TEST		EIA TEST		OTHER TEST	EQUINE TEMP
	OFFICIAL EAR TAG NUMBER, REGISTRATION TATTOO, OR OTHER PERMANENT IDENTIFICATION. REGISTERED NAME AND DESCRIPTION	B R E E D	A G E	S E X	VACC.  TATTOO	DATE	LAB	DATE	LAB	DATE	LAB	DISEASE TESTED FOR	DATE
						RESULTS	RESULTS	ACC. # / RESULTS	ACC. # / RESULTS	TEMPERATURE FOR EACH HORSE			
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

**VETERINARY CERTIFICATION / TREATMENT STATEMENTS**

**VETERINARY CERTIFICATION** - As an accredited veterinarian, I certify that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are 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 implied.

**SIGNATURE:** \_\_\_\_\_  
Accredited Veterinarian

**PRINT NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ Issue Date

**ADDRESS:** \_\_\_\_\_  
Street City State Zip

**EMAIL:** \_\_\_\_\_

**STATE LICENSE #:** \_\_\_\_\_ **USDA ACCREDITATION #:** \_\_\_\_\_

**OWNER/AGENT STATEMENT** (where applicable)  
 "The animals in this shipment are those certified to and listed on this certificate."  
**SIGNATURE:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**DISTRIBUTION:** PINK - Accompany Shipment  
 WHITE AND YELLOW - Mail to CA State Veterinarian's office within 7 days of issuance  
 GOLDENROD - Veterinarian Copy

**ORIGIN STATE CERTIFICATION**