**CLIENT INFORMATION REQUIRED**

Today’s Date \_\_\_/\_\_\_\_/\_\_\_

Ranch/Client Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Destination (State)\_\_\_\_\_\_\_\_\_\_\_ Appt Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Leaving\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor on CVI:\_\_\_\_\_\_\_\_\_\_ Staff Initials:\_\_\_\_\_\_\_\_\_\_\_\_\_

# of animals in shipment\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tag # Range if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breed\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_ Color\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Travel:**

CIRCLE ONE: Breeding / Feeding / Grazing / Recreation / Sale / Show / Slaughter / Transit Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Returning to Originating address Y / N

\*\*Complete **ORIGINATING** Physical address

Owner/Ranch Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Complete **DESTINATION** physical Address

Owner/Ranch Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***FOR OFFICE USE ONLY***

TO CHECK FOR INTERSTATE LIVESTOCK REQUIREMENTS, CONTACT STATE DIRECTLY VIA PHONE (SEE HC BOOK FOR #)

OR GO TO [WWW.INTERSTATELIVESTOCK.COM](http://WWW.INTERSTATELIVESTOCK.COM) AND ANSWER THE QUESTIONS.

\*\*PRINT OUT REQUIREMENTS AND ATTACH TO THIS FORM\*\*

\*\*Tattoo’s, RFID tags, brands and ear tags #’s, may be required for individual ID, depending on requirements per destination state.

\*\*If individual ID is required, a copy of it must be provided to Steamboat Veterinary Hospital at least ONE WEEK prior to departure.

State Requirements:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­

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Specific Testing/Vaccinations Required Y / N Type\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permit # needed Y / N (if no, state employee name on HC)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Certificate good for: 30 days OR OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billed Y / N Acct#\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_/\_\_\_\_/\_\_\_\_

Computer? or Hardcopy? Workstation Saved on\_\_\_\_\_\_

Name saved under\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Started\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Started\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Finished \_\_\_\_\_\_\_\_\_\_\_\_ Employee Finished\_\_\_\_\_\_\_\_\_\_\_\_

Date Emailed to State\_\_\_\_\_\_\_\_\_\_\_\_\_\_