

Wallace State Office Building

502 E 9th St, Des Moines, IA 50319

(515) 281.5321

www.lowaAgriculture.gov

OWNER-SHIPPER STATEMENT (OSS)

All movements are subject to approval by the shipping and receiving states.

This document should be used when no other Transportation certificate (For example Certificate of Veterinary Inspection) is required as specified in Iowa Code section 163 and 172B.3 and Iowa Administrative Rules Chapter 66.

Rules Chapter 66.			
Address animals moved from:			
911 Address	City	State	Zip
Owner name:	Driver's license number		
7. 11			
Owner mailing address:			
911 Address:	City:	State	Zip
hipper name: Driver's name and Driver's license number:			
Vehicle registration plate number:	State of issuance: Vehicle Seal Number if any		
veniere registration plate number.	State of issuance.	emere sear reamoer if any	
Shipper address:			
911 Address:	City:	State	Zip
Species and number of each and description (breed, sex, age, brands if any):			
Cattle Goats Goats Goats	Sheep	rine Horses	Ш
Other Date livestock loaded:			
Signature:			
Owner	wner OR Date		
Destination (Livestock Market, Slaughter plant, Tagging Site or Buying Station Name, Purchaser or Consignee):			
911 Address:	City:	State	Zip
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 Animals are being shipped directly to an approved tagging site for ID. Directly to Slaughter 			
☐ Official ID for each animal in the shipment as required in 9 CFR is recorded below.			
Certificate of Veterinary Inspection Number (if required)State issued			

Please indicate species by C –cattle, G – goats, SH – sheep, SW –swine, H – horse, O – other *A separate listing of official animal identification numbers may be attached to this form.

This is not an Interstate Certificate of Veterinary Inspection

The Iowa Department of Agriculture and Land Stewardship is an equal opportunity employer and provider.