



DATE ANIMALS MOVED:		IOWA OWNER / HAULER STATEMENT FOR SHEEP & GOATS (V.4) 100219		Page 1 of 1
NAME AND ADDRESS OF OWNER		NAME AND ADDRESS OF HAULER (IF DIFFERENT THAN OWNER)		
Name:		Name:		
Address:		Address:		
City/State/Zip:		City/State/Zip:		
Phone:		Phone:		
Flock ID: _____ or Premise ID: _____				
TYPE OF MOVEMENT		GROUP LOT ID NUMBER		
<div>NOTE: An Interstate Certificate of Veterinary Inspection is required rather than an owner/hauler statement to cross a state line with a sexually intact sheep or goat that is not in slaughter channels and is not moving to a federally approved livestock market.</div> <div><input type="checkbox"/> To a federally approved livestock market, sheep or goats do not have official ear tags</div> <div><input type="checkbox"/> To a slaughter establishment</div> <div><input type="checkbox"/> These animals are in slaughter channels</div>		<div>Scrapie Flock ID based group/lot ID: flock ID-MMDDYY-sequence number Example: IA3421-051219-2</div> <div>_____</div> <div>PIN/LID based group/lot ID: PIN/LID MMDDYY sequence number Example: 004T5670512191</div> <div>_____</div> <div>FOR SHEEP/GOATS MOVING WITHOUT SCRAPIE TAGS If different from the owner, the name, address, and flock ID or PIN of the flock of origin (<i>not required for animals under 18 months of age in slaughter channels</i>)</div> <div>_____</div> <div>_____</div> <div>_____</div>		
DECLARATION				
Number of Animals	Sheep or Goats?	Breed <small>If unknown: for sheep include face color, for goat include type; (milk, meat, fiber)</small>	Class <small>Cull ewes/does, replacement ewes/does, feeder lambs/kids, slaughter lambs/kids, etc.</small>	Comments
POINT OF ORIGIN (IF DIFFERENT THAN OWNER)		NAME AND ADDRESS OF DESTINATION		
Name:		Name:		
Address:		Address:		
City/State/Zip:		City/State/Zip:		
Owner/Hauler Signature		Date		
_____		_____		