



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.

Address animals moved from:			
911 Address	City	State	Zip
Owner name:		Driver's license number:	
Owner mailing address:			
911 Address	City	State	Zip
Shipper name:		Driver's name and Driver's license number:	
Vehicle registration plate number:	State of issuance:	Vehicle Seal Number if any:	
Shipper address:			
911 Address	City	State	Zip
Species and number of each and description (breed, sex, age, brands if any):			
Cattle <input type="checkbox"/>	Goats <input type="checkbox"/>	Sheep <input type="checkbox"/>	Swine <input type="checkbox"/> Horses <input type="checkbox"/>
Other <input type="checkbox"/>	Date livestock loaded: _____		
Signature:			
_____ OR _____		_____	
Owner	Shipper	Date	
Destination (Livestock Market, Slaughter plant, Tagging Site or Buying Station Name, Purchaser or Consignee):			
911 Address	City	State	Zip

- ☐ 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