



Oregon

Theodore R. Kulongoski, Governor

Department of Agriculture

635 Capitol Street NE
Salem, OR 97301-2532

Pasture-to-Pasture Movement Permit

Oregon Origin Cattle **COMMUTER HERD** Agreement
OAR 603-011-0263

2008 Permit No. PS 08-
(Office Use Only)



Please allow **10 days** for Processing

Leaving: ___ / ___ / ___ Returning: ___ / ___ / ___
(Please enter dates of movement - Not to exceed 8 months)

Requested By: _____ Phone: () _____ Fax: () _____
(Please Print)

HERD INFORMATION – Cattle Owner: _____ Phone: () _____

Adult Females ___ # of Calves ___ # of Adult Bulls ___

Bulls going to Idaho, Nevada, and California require a current negative test for Trichomoniasis. Please attach test results to this permit.

BRAND(S) AND LOCATION(S) – Please draw your brand here and indicate the location.

A copy of this “approved” pasture-to-pasture permit must accompany each load of cattle.

This pasture-to-pasture permit replaces a Certificate of Veterinary Inspection (CVI).

Oregon Premises Location of Cattle
(Please Type or Print)

Ranch Name _____

Premises # (if known) _____

Address or Description of Premises Location _____

OR
City _____ State _____ Zip _____

County _____

Primary Contact Name (Owner/Manager) _____

()
Phone Number _____

Mailing Address _____

City _____ State _____ Zip _____

Property Owner's Name _____

()
Phone Number _____

Out-of-State Premises Location of Cattle
(Please Type or Print)

Ranch Name _____

Premises # (if known) _____

Address or Description of Premises Location _____

City _____ State _____ Zip _____

County _____

Primary Contact Name (Owner/Manager) _____

()
Phone Number _____

Mailing Address _____

City _____ State _____ Zip _____

Property Owner's Name _____

()
Phone Number _____

_____ YR How many years have you been moving your cattle to the location(s) described above?
 Yes No Do these cattle graze with cattle from other herds?
 Yes No Are the fences intact and well maintained?
 Yes No Are all the female cattle (12-months of age or older) Brucellosis vaccinated?
 Yes No Has this herd been infected with or exposed to a herd infected with Trichomoniasis within the last calendar year?
 Yes No Have all the bulls in this herd been tested for Trichomoniasis? Date Tested _____
 (Please attach test results to this permit.) (Most current date.)
 Name of herd veterinarian: _____ Phone _____
 (Please Print)

AGREEMENT

In accordance with the Code of Federal Regulations (9 CFR Sections 77.10 through 77.18), I have **initialed** each of the statements below showing that I have read, understand and agree to the following:

- The cattle described herein are from a breeding herd, which has been established more than six months and are moving for grazing without change of ownership.**
- This agreement may be changed if the risk of disease changes.
- This permit is valid for one cycle of movement (to pasture and return), not to exceed 8-months. Should extension of time or change in location be needed, apply to the State Veterinarian's office at (503) 986-4680. This permit is restricted to the cattle, time period, and premises described above. Any cattle sold or purchased in the state of destination must comply with state and federal regulations. Brand inspection is required for interstate movement of all cattle and a copy of this approved permit must accompany each load.
- All state officials (page 2) must approve this agreement and any exceptions to it.
- Failure to comply with the provisions of this agreement, false information or unauthorized diversion of cattle on this permit may result in revocation of this permit and/or loss of use of any future pasture-to-pasture permits. If the permit is revoked, the owner may be required to return the cattle immediately to the state of origin and/or may be required to fulfill normal interstate import regulations.

Signature: _____ Date: _____
 Herd Owner or Authorized Representative

APPROVAL

Signature: _____ Date: _____
 Oregon, State Official Title
 Oregon Permit No.: PS 08 - Expiration Date: _____
 Signature: _____ Date: _____
 Out-f-State, State Official Title
 Out-of-State Permit No.: _____ Expiration Date: _____
 (Office Use Only)

Special conditions of movement (if any): _____

Return completed form to Oregon Department of Agriculture at 635 Capitol St., NE, Salem, OR 97301 or fax to (503) 986-4734. If you have any questions, please contact the permit clerk at (503) 986-4680.