

How many years have you been moving your cattle to the location described above? _____
 Do these cattle graze with cattle from other herds? **YES NO** If YES, with whom _____
 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? **YES NO**
 Trichomoniasis testing is required for non-virgin bulls. Please attach Trich-test results to this permit. Print name of the veterinarian who tested bulls _____ Phone () _____

OWNER AGREEMENT

To be In compliance 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 them.

1. The cattle described herein are from a **valid beef breeding-herd**, established more than six months, moving for grazing without change of ownership. _____
2. The requirement to TB test all sexually intact cattle, over 18 months of age, has been suspended by USDA for until November 2010 and may or may not be re-instated after that time. _____
3. Breeding cattle 18 months of age or older added to my herd from California will be TB tested negative before entering the herd. _____
4. I will send a copy of the TB test documents to ODA-AHID, including name of veterinarian who tested animals, within seven days after test results are completed. _____
5. If cattle test positive for TB, the herd will not be allowed to move until it has been fully evaluated by the designated State epidemiologist. _____
6. I will account for all animals on this agreement. _____
7. This agreement may be changed if the risk of disease changes. _____
8. I have entered premises identification numbers as recommended or give USDA officials permission to obtain premises identification numbers from their allocator and enter them. Agree _____ Disagree _____
9. Failure to comply with the provisions of this agreement may result in revocation of this permit and/or loss of use of future permits, legal action and/or fines authorized by ORS 596. _____

Signature: _____ Date: _____
 Herd Owner or Authorized Representative

FINAL PERMIT APPROVAL REQUIRES SIGNATURES BELOW

Signature: _____ Date: _____
 Oregon State Official Title

Signature: _____ Date: _____
 California State Official Title

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