



# Oregon

Theodore R. Kulongoski, Governor

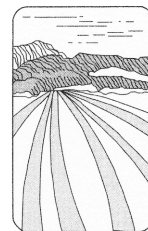
Department of Agriculture

635 Capitol Street NE  
Salem, OR 97301-2532

## Pasture-to-Pasture Movement Permit

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

2011 Permit No. **PF 11-**  
(Office Use Only)



Please submit **20 days** before moving    Leaving: \_\_\_ / \_\_\_ / \_\_\_    Returning: \_\_\_ / \_\_\_ / \_\_\_  
(Please enter dates of movement - Not to exceed 8 months)

Requested By: \_\_\_\_\_ Phone: (    )    Fax: (    )

(Please Print)

**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 Shipper information

(Please Type or Print)

\_\_\_\_\_  
Ranch Name

\_\_\_\_\_  
Actual location

\_\_\_\_\_  
City                      OR                      State                      Zip

\_\_\_\_\_  
Driving directions or Lat/Long

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Cattle Owner's name

(    )  
\_\_\_\_\_  
Phone

\_\_\_\_\_  
Manager's name

(    )  
\_\_\_\_\_  
Phone

### Out-of-State Location Information

(Please Type or Print)

\_\_\_\_\_  
Ranch Name

\_\_\_\_\_  
Actual location

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Driving directions or Lat/Long

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Property owner's name

(    )  
\_\_\_\_\_  
Phone

\_\_\_\_\_  
Manager's name

(    )  
\_\_\_\_\_  
Phone

### HERD INFORMATION

**BRAND(S) AND LOCATION(S)** Please draw your brand(s) and location(s) here

# adult females	# of their calves	# of their yearlings	# adult bulls
# years cattle moved to above location:		Fences intact and maintained? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do cattle graze with other herds? Yes <input type="checkbox"/> No <input type="checkbox"/>		With whom?	

**HERD HEALTH INFORMATION**

Herd veterinarian:		Phone: (     )
Are all female cattle over 12 months old vaccinated for brucellosis? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are cattle TB tested? Yes <input type="checkbox"/> No <input type="checkbox"/>	Attach <input type="checkbox"/>	Test date:     # Tested:
Has this herd been infected with or exposed to Trichomoniasis within the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have all the bulls in this herd been tested for Trichomoniasis within the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, all bulls require 3 negative cultures or 1 negative rtPCR test. Attach copy of test results.		
Most current test date:	# Tested:	Attach copy of test results
Additional requirements:		

**CONDITIONS OF AGREEMENT**

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 purposes without change of ownership.**
- This agreement may be changed if the risk of disease changes.
- I will account for all animals on this agreement.
- Cattle must return within 8 months.
- All cattle have official identification.
- No trader cattle or recently assembled cattle are in the animals moving.
- All female cattle over six months old are or will be officially vaccinated for brucellosis as evidenced by a legible official brucellosis tattoo in their right ear.
- A brand certificate and an import permit are required for all cattle within 20 days of entering destination state.
- Copies of the brand certificate this pasture-to-pasture permit must accompany each load.
- Failure to comply with any provisions of this agreement may result in revocation of the permit and/or loss of any future pasture-to-pasture permits and/or fines.

Signature: \_\_\_\_\_  
Herd Owner or Authorized Representative

Date: \_\_\_\_\_

**APPROVAL**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Oregon, State Official Title

Oregon Permit No.: PF 10 - 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.