

Livestock Transportation Forms

1. Brand Inspection Certificate

FORM 2022 (Rev. 10-01) PERSON IN POSSESSION

State of Oregon
Department of Agriculture
BRAND INSPECTION CERTIFICATE

Valid if Altered
C194101

Inspected by: John Doe Date: 123 Brand New Road, Salem OR 97301
 Inspected by: Bill Smith Date: 456 Third Valley Road, Salem OR 97301
 Location: Salem, OR Date of Inspection: Salem, OR Time: 7 AM

Steers	Cows	Hifers	Calves S B M H	Bulls	Horses	Brand	Location	Date of Brand	Other Brands Exempted by the Department	Insured Value
1						AB	23	27	Green S W W W	
	1					CD	LR	21		
		4				None	None	24		
						None	None			

Brand Inspection Fee: 9 Amount: 6.75
 Beef Council Fee: 9 Amount: 9.00
 Horse Fee: 10.00 Amount: 000-00
 Service Fee: 15.75 Amount: 15.75

I hereby certify that I have inspected the above livestock and in the best of my knowledge they are in lawful possession of the person offering them for inspection.

Signature of Owner or Person in Lawful Possession: John Doe Date: 12/31/2022

INSPECTOR: Cash Check Charge Other

2. Supplemental Brand Inspection Certificate

Form 2022 (Rev. 10-01)

STATE OF OREGON
Brand Inspection Certificate Supplemental

This certificate supplements Brand Inspection Certificate Number _____

Brand Count: _____

Date: _____ Brand & Location: _____

Place of Inspection: _____

Destination: _____

Certificate Expires: _____

Supplemental certificates are issued whenever more than one truck is involved.

Brand Inspector: _____ Cattle

VALID FOR ONE TRUCKLOAD ONLY

Oregon Department of Agriculture

3. Memorandum Brand Inspection

FORM 2022 (Rev. 10-01) VALID IF ALTERED PERSON IN POSSESSION

STATE OF OREGON
DEPARTMENT OF AGRICULTURE - LIVESTOCK IDENTIFICATION
MEMORANDUM BRAND INSPECTION CERTIFICATE

No. **M874189**

Inspected by: John Doe Date: 123 Brand New Way, Salem OR 97301
 Inspected by: Salem Livestock Auction Date: 00-00 Time: 00
 Location: Salem, OR

STEERS	COWS	HIFERS	CALVES		BULLS	HORSES	BRAND		COLOR OR BREED	OTHER BRANDS AND ORIGIN
			S B	M H			DESIGN	LOCATION		
	1						CD	LR	21	BLACK

INSPECTOR: Cash Check Charge Other

Signature of Owner or Person in Lawful Possession: John Doe Date: 12/31/2022

4. Self Inspection Form for cattle only, not for out of state shipment

FORM 2022 (Rev. 10-01)

STATE OF OREGON
DEPARTMENT OF AGRICULTURE
CHANGE OF OWNERSHIP BRAND INSPECTION EXEMPTION AND TRANSPORTATION CERTIFICATE

No. **E 27669**

GOOD FOR (7) WEED ONLY

BREED	SEX	BRAND		COLOR	EAR MARKS
		DESIGN	LOCATION		
27	24	AB	23	21	2

Signature of Seller: John Doe Date: 12/31/2022

Signature of Buyer: John Doe Date: 12/31/2022

Address: 456 Cattle Lane, Salem, OR 97301

This certificate does not authorize transportation of livestock out of Oregon.

The white copy must be sent within eight (8) days to the Oregon Department of Agriculture, Animal Identification, 630 Capitol Street NE, Salem, Oregon 97301-2532.

WAD

9. Oregon Transportation Certificate

OREGON TRANSPORTATION CERTIFICATE
FORM 3017 (REV. 9/85)
This Certificate Does Not Authorize Transportation of Livestock out of Oregon

Name of Owner: _____ Date: _____
 Address: _____ City/Town: _____ Phone #: _____
 Shipped From: _____ To: _____
 Center: _____ Vehicle No: _____

No. Head	Breed	Sex	Brand or Ear Tag No.	Location of Brand	Ear Marks		Other Comments
					R	L	

I, _____, This _____ Day of _____, _____ do certify that I am in lawful possession of the above described animals.
 Owner: _____
 Agent: _____

10. Annual Horse Inspection

Home Brand Inspection Certificate
Form 3024 (Rev. 8/88)
 State of Oregon
 Department of Agriculture
H 24301
Dogging Test (DM) may be required; check with the State Veterinarian

Date: 00-00-00

Owner: John Doe
 Address: 123 Brand Free Way Phone: 123-456-7890
 Town/City: Saline State: OR Zip: 97301
 Person in Possession: _____
 Address: _____ Phone: _____
 Breed: Quarter Horse Color: Bay Age: 7
 Association Reg. Number: 27412345 Sex: Gold Wgt: 1100
 Brand & Location: AE on LP Tattos: None EO #: None
 Scars or other Dist. Marks: White patch lower on chest



Draw in Markings and Brands

Lifetime Application Annual **EXPIRES DECEMBER 31, 2000**

Signature of Owner or Person in Lawful Possession: _____
 Brand Inspector: Donna Day Code: 000-00
 BRAND INSPECTION FEE: 5.00 SERVICE CHARGE: 10.00
 Paid By: Check # 1234 Cash Charge # _____

PERSON IN POSSESSION
LIVESTOCK

11. Lifetime Horse Certificate

PERMITS & BRAND INSPECTION CERTIFICATE
Form 3025 (Rev. 8/88)

Breed: Quarter Horse Age: 3 Sex: Stud
 Color: Palomino Approx. Weight: 1,200 lbs.
 Registration No.: _____ Brand & Location: B LSH

123210-123
 00702

Certificate is valid for inspection of animals registered, and is issued in compliance with F.A.R. 600.110. This certificate does not authorize sale of animals other than animals being shipped to other States and does not authorize sale of animals to other States. Certificate is good for 30 days of issue. For further information, contact the Oregon Livestock Identification Program, 411 Capitol Bldg., Salem, OR 97301. CEC is available when the horse changes ownership.

Issued: April 3, 2001

Owner: Jane Doe Smith Phone: 534 663-1111
 Address: 1341 John B. Good Avenue
 City: Frito Lap State: OR Zip Code: 97477

 3343
 OF
 1983-2001
 Please do not write on this certificate. It is the property of the Oregon Department of Agriculture. *Paul Jones*
 Oregon Department of Agriculture

(Can be blue or yellow)

12. Certificate of Veterinary Inspection

OREGON 92-47526

OFFICIAL CERTIFICATE OF VETERINARY INSPECTION

<p>SHIPPER</p> <p>Name: <u>JOHN B. SMITH</u> Address: <u>HC 72 BOX 11</u> City, State, ZIP: <u>EGGENE, OR 97402</u> Phone: <u>541-555-1212</u></p> <p><small>Origin address, followed from above</small></p>	<p>RECEIVER</p> <p>Name: <u>JOHNSON RANCHES</u> Address: <u>PO BOX 1487</u> City, State, ZIP: <u>DALLAS TX</u> Phone: <u>UNKNOWN</u></p> <p><small>Destination address, if different from above</small> <u>RT 2 BOX 17</u> <u>GARLAND TX</u></p>	<p>Shipping Date <u>6-20-00</u></p> <p><small>Permit form state of destination</small> <u>TX 7494762</u></p> <p><small>Consignee Name & Address</small> <u>Owner</u> <u>Dallas TX</u></p>																								
<p>ANIMAL INFORMATION</p> <p>Species: <u>Cattle</u> <input checked="" type="radio"/> <u>Swine</u> <input type="radio"/> <u>Sheep</u> <input type="radio"/> <u>Goats</u> <input type="radio"/> <u>Poultry</u> <input type="radio"/> <u>Other</u> <input type="radio"/> <u>Camelid</u> <input type="radio"/></p> <p>Devine Brucellosis: <u>Free</u> <input type="radio"/> <u>Free</u> <input type="radio"/> <u>Free</u> <input type="radio"/></p> <p>Devine Tuberculosis: <u>Free</u> <input type="radio"/> <u>Free</u> <input type="radio"/></p> <p>Devine Pseudotuberculosis: <u>Free</u> <input type="radio"/> <u>Free</u> <input type="radio"/></p> <p>Devine Brucellosis: <u>Free</u> <input type="radio"/> <u>Free</u> <input type="radio"/></p> <p>Official Permanent Identification USDA PARTIAL REGISTRATION TATTOO, BRAND, ETC. <u>11A21764</u></p> <p>OTHER IDENTIFICATION OR DESCRIPTION <u>SAMI'S PRIDE 4 G LLAMA NEG</u> <u>SUZIE Q 17 M QH</u> <u>22 HEAD STEERS N BEEF</u></p> <p>TEST RESULTS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Tuberculosis</th> <th colspan="2">Brucellosis</th> <th colspan="2">Other testing</th> </tr> <tr> <th>FT</th> <th>OT</th> <th>Test</th> <th>Result</th> <th>Tested for</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td><u>7AM 6:13:00</u></td> <td><u>2:29:16 16:00</u></td> <td><u>6:13:00</u></td> <td><u>NEG</u></td> <td><u>EIA</u></td> <td><u>NEG</u></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><u>4:30:00 ODA</u></td> <td></td> </tr> </tbody> </table> <p><small>Certificate is void 30 days from date of inspection.</small></p>			Tuberculosis		Brucellosis		Other testing		FT	OT	Test	Result	Tested for	Result	<u>7AM 6:13:00</u>	<u>2:29:16 16:00</u>	<u>6:13:00</u>	<u>NEG</u>	<u>EIA</u>	<u>NEG</u>					<u>4:30:00 ODA</u>	
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				<u>4:30:00 ODA</u>																						
<p>CLINIC</p> <p><small>Please type or print</small> Veterinarian's name: <u>J.B.V. ANDERS, DVM</u> Clinic name: <u>VEST POCKET VET SERVICES</u> Address: <u>PO BOX 22147</u> City, State, ZIP: <u>MOLALLA OR</u> Phone: <u>541-999-9919</u></p> <p><small>I certify that I have inspected the above animals and, except as noted, have found them to be free of signs of infectious, contagious, or zoonotic disease. Each animal was tested, interviewed, or treated as indicated and to the best of my knowledge meet health requirements for interstate and foreign movement. All other requirements are made or implied.</small></p> <p><small>The veterinarian signing this certificate is licensed and authorized to inspect animals and issue certificates.</small></p> <p><small>Signature of Veterinarian</small> <u>[Signature]</u> <u>6-17-00</u></p> <p><small>DATE OF INSPECTION</small> <u>6-17-00</u></p> <p><small>OFFICE OF THE STATE VETERINARIAN</small></p>																										

Form 92-47526-10 (Rev. 11-00) Distribution of copies: White & Blue to Department of Agriculture, Green to consignee shipper, Pink to Owner, Gold to testing Veterinarian. Keep records a minimum of three years.

13. Horse Passport — 6 mo. C.V.I.

Oregon Pasture Permit & Certificate # 92-EG 11876

EQUINE CERTIFICATE OF VETERINARY INSPECTION & INTERSTATE MOVEMENT PERMIT

This certificate is valid for multiple passages of the horse(s) classified below, between participating states, unless concurred by issuing state, if expired six months (count) the date the blood was drawn for the EIA test or 2) the date of exam if for travel only between Oregon and Washington.

BEFORE GIVING TO CLIENT

Call for Permit for blood to:
 MT 406-444-2370 E9147
 WA 360-682-1870 Q 764K

Check the box below for each state your client plans to visit. If the client "left" state, check all states.
 CA OR WA WA

Check the name of any state(s) your client definitely will NOT be visiting.

OWNER INFORMATION (Please type or print)

In accepting and using this form, the owner agrees:

- to maintain a complete record of all trips out of state, using the form on the back of the owner's copy of this certificate, and
- at the end of the 6 month period, to mail copies of this certificate and the log to the state of origin.

Name: ANDY CAYWOOD
 Mailing Address: PO BOX 17
 City, State, ZIP: PORTLAND, OR
 Phone: 503 911-9119 Horse stabled in: MULTNOMAH

Destination address, if different from above
GIDDAYAP TRAINING STABLE
LAKE OSWEGO

CERTIFICATE OF VETERINARY INSPECTION (Please type or print)

Name of examining veterinarian: A.B. Abbington
 Clinic name: JUST HORSES MOBILE VET
 Clinic address: PO BOX 22, GRESHAM
 Clinic phone: 503-911-1198

I have examined this horse and found it to be free from evidence of infectious or zoonotic disease. No further quarantine is made or implied.

Signature of Veterinarian
[Signature] 4-6-00

DATE OF EXAM
4-6-00

HORSE IDENTIFICATION

NAME, ID, TATTOO, BRAND, ETC.	AGE	BREED	SEX	COLOR
<u>SPOT</u>	<u>28</u>	<u>GRADE</u>	<u>G</u>	<u>BLACK</u>

RECORD OF NEGATIVE EIA TEST

Negative EIA test is required for all interstate travel, except horses traveling only between Oregon and Washington do not need EIA test. Results "pending" not allowed.

Date drawn: 4-4-00 Lab name: IDEXX
 Accession #: 5 00 9104 Lab location: PORTLAND
 Veterinarian: A.B. Abbington

Please print name of veterinarian who collected sample

WHITE to State Office, GREEN to Veterinarian, PINK and BLUE to Owner