

Procedures for Issuing a Texas Certificate of Veterinary Inspection

Section 1:	Complete name and physical address (no P.O. Box) of consignor (owner); Texas county of origin and origin premises ID of the animals inspected.
Section 2:	Complete name, physical address (no P.O. Box), phone number, and premises ID of the consignee (shipment destination).
Section 3:	Complete this section when Texas animals have been consigned to a sale in Texas and then reconsigned to another individual. Complete the "Accredited Veterinarian and Date" blocks when another veterinarian works the sale and reconsigns the animals from that sale.
Section 4:	Required - Date the certificate is issued.
Section 5:	Enter the expiration date of the certificate. Health certificates expire 30 days from issuance for all species.
Section 6:	Enter the entry permit number if one is required by the state of destination for the movement of the animals on the certificate.
Section 7:	<i>(Optional)</i> Describe the vehicle and/or name and address of the person/company transporting the animals.
Section 8:	Indicate the species of animals being moved. Check the "Other" box and enter the species name if not listed (example: Emus, monkeys, etc.).
Section 9:	Indicate the total number of animals in the shipment.
Section 10:	Indicate the purpose of movement. Check the "Other" box and enter the reason if not listed.
Section 11:	Indicate the Brucellosis and TB status of the state of origin.
Section 12:	Enter a certified Brucellosis herd number; accredited TB herd (cattle or Cervidae) number; Swine Brucellosis Validated Number and/or PRV Qualified Herd Number; CWD herd number & status; or Flock (NPIP Numbers for poultry) number for the herd or flock of origin.
Section 13*:	List the tube numbers when sending blood or serum to a laboratory for testing.
Section 14*:	Indicate individual official identification for each animal in the shipment as required.
Section 15*:	Additional identification and description of the animals.
Section 16*:	Indicate the vaccination and tattoo symbols of animals as required.
Section 17*:	Indicate age of each animal in years, months, or adult.
Section 18*:	Indicate sex of the animal as follows: M = male, F = female, NM = neutered male SP = spayed heifer.
Section 19*:	Indicate breed of animal (example: Hereford, Holstein, Yorkshire, Red Deer, etc.).
Section 20*:	When a Tuberculin test needs to be conducted or has been conducted on an animal, indicate the date of injection, date of observation, and the test interpretation.
Section 21*:	Complete all information when a Brucellosis test has been conducted. The Lab, Date, and Signature information will be completed by the laboratory if the certificate is sent in with the blood or serum. If the test is conducted by the laboratory and results are recorded on a brucellosis test chart (VS 4-33) or on a livestock market test chart (4-54), a copy of the test chart may be attached to the certificate or reference can be made on the certificate to the test chart number, date, and test results.
Section 22*:	Other Test — Complete information regarding a test other than the above mentioned, such as a Coggins (EIA) for equine, Bovine Trichomoniasis, Chronic Wasting Disease for cervids, etc.
Section 23:	Issuing veterinarian's signature, veterinarian's printed name, telephone number, complete address, and Vet Code (6-Digit USDA National Accreditation Number) is required .
Section 24:	<i>(Veterinarian's Option)</i> — Owner / Agent Statement required — Veterinarians who want the owner to sign for the certificate upon receipt will indicate this by initialing in the "Yes" blank. It is intended to protect the veterinarian in cases where owners might add animals to a certificate after issuance.
Section 25:	Signature of owner or agent at the time of issuance, if required by issuing veterinarian.
<u>NOTICE</u>	Please forward ALL issued certificates of veterinary inspection (blue and pink copies) to the following address within 7 days of issuance : Texas Animal Health Commission, P. O. Box 12966, Austin, TX 78711-2966.

***Any lines that are not used must be crossed off in ink.**



CERTIFICATE OF VETERINARY INSPECTION

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Name of Consignor		Name of Consignee		Reconsigned To	Dated Issued ④
Address		Address		Destination	Void After ⑤
City and State	ZIP Code	City and State	ZIP Code	Accredited Veterinarian	Permit Number ⑥
County of Origin		Destination of Shipment	Consignee's Phone	Date	Carrier: <input type="checkbox"/> Truck <input type="checkbox"/> Other _____
Origin Premises ID		Destination Premises ID		Reconsigned Premises ID	Name: _____ ⑦
Address: _____					

Species: <input type="checkbox"/> Beef Cattle <input type="checkbox"/> Goats <input type="checkbox"/> Dairy Cattle <input type="checkbox"/> Sheep <input type="checkbox"/> Swine <input type="checkbox"/> Poultry ⑧ <input type="checkbox"/> Horses <input type="checkbox"/> Cervids <input type="checkbox"/> Other: _____		No. of Animals Shipped ⑨	Purpose of Movement: <input type="checkbox"/> Breeding <input type="checkbox"/> Feeding/Grazing <input type="checkbox"/> Show ⑩ <input type="checkbox"/> Slaughter <input type="checkbox"/> Other _____	Brucellosis Status: <input type="checkbox"/> Class Free <input type="checkbox"/> Class A TB Status: ⑪ <input type="checkbox"/> Free <input type="checkbox"/> Mod. Accred. Adv.	Herd or Flock Status Cert. Bruc. Free Herd No. _____ Swine Bruc. Val. Herd No. _____ CWD Monit. Herd No./Status _____ Accred. TB Free Herd No. _____ Swine PRV Qual. Herd No. _____ Flock No. _____ Other _____ ⑫			OTHER TEST For _____ Lab _____ Date _____ Accession # _____ Results
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LINE	TUBE NO.	OFFICIAL IDENTIFICATION	DESCRIPTION	VACCINATION TATTOO SYMBOL	A G E	S E X	B R E E D	TUBERCULIN TEST			BRUCELLOSIS						
								DATE OF INJ.	DATE OF OBSERV.	TEST INTERP.	Lab _____ Date _____ Signature _____	Card	PCFIA	SPT/STT	Interp.		
1																	
2																	
3																	
4																	
5																	
6																	
7	⑬	⑭	⑮	⑯	⑰	⑱	⑲	⑳	㉑	㉒	㉓	㉔	㉕	㉖	㉗	㉘	㉙
8																	
9																	
10																	
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13																	
14																	
15																	

CERTIFICATION OF ISSUING VETERINARIAN I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious and/or communicable disease (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied. Accredited Veterinarian Signature _____ ⑳ Owner/Agent Statement Required? Yes ㉑ No _____ (Initial in blank) Printed Name _____ Telephone _____ Vet Code _____ Address _____ City _____ State _____ ZIP _____	OWNER / AGENT STATEMENT: The animals in this shipment are those certified to and listed on this certificate. ㉒ Owner/Agent Signature _____
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