

Owner Hauler Statement for Lactating Dairy Cow Transport to Slaughter

Origin State (Select One)

Destination State (Select One)



NATIONAL ASSEMBLY
of State Animal Health Officials

Owner	Hauler (if different)
Name:	Name:
Address:	Address:
City, State Zip:	City, State, Zip:
Phone:	Phone:

Premises ID:	Date of Movement:
--------------	-------------------

Origin Location (if different from owner)	Destination
Name:	Name:
Address:	Address:
City, State Zip:	City, State, Zip:
Phone:	Phone:

# Animals	Breed	Class

List official IDs and/or back tag numbers for all animals on shipment:

Owner/Hauler Statement	
These cattle do not have clinical signs of highly pathogenic avian influenza or originate from a herd diagnosed with HPAI in the last 30 days.	
Signature:	Date:

E-mail a copy of this to both the origin and destination states at the email addresses listed above.