Owner Hauler Statement for Lactating Dairy Cow Transport to Slaughter

ORIGIN: North Carolina: imports@nc.cvicentral.com DESTINATION: Georgia: AnimalHealth@agr.georgia.gov



	Owner	Hauler (if different)
Name:		Name:
Address:		Address:
City, State Zip:		City, State, Zip:
Phone:		Phone:
Premises ID:		Date of Movement:
Origin L	ocation (if different from owner)	Destination
Name:	, , , , , , , , , , , , , , , , , , , ,	Name:
Address:		Address:
City, State Zip:		City, State, Zip:
Phone:		Phone:
# A	21	
# Animals	Breed	Class
J		

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.