



INDIANA APPLICATION FOR PRE-ENTRY CERVIDAE PERMIT

State Form 57150 (9-22)
INDIANA STATE BOARD OF ANIMAL HEALTH



- INSTRUCTIONS:**
1. Application should be submitted to the Indiana State Board of Animal Health (BOAH) as far in advance of the anticipated movement as possible and **MUST BE SUBMITTED AT LEAST 120 HOURS or FIVE (5) BUSINESS DAYS PRIOR TO THE MOVEMENT.**
 2. All requirements must be met in order for the application to be processed. Not providing requested information will result in a delay in processing the application.
 3. Movement cannot occur until the pre-entry permit is **ISSUED** by the Indiana State Board of Animal Health to the origin herd veterinarian.
 4. Supporting documentation to be submitted includes: certificate of veterinary inspection and origin herd status verification letters for chronic wasting disease, tuberculosis, and brucellosis.

APPLICANT INFORMATION (INDIANA OWNER)			
Applicant name			
Mailing address of applicant (<i>number and street</i>)			
City	State	ZIP code	County
<input type="checkbox"/> Physical address of cervidae same as mailing address of applicant			
Physical address of cervidae (<i>number and street, if different</i>):			
City	State INDIANA	ZIP code	County
E-mail address		Telephone number ()	
ORIGIN HERD INFORMATION			
Name of origin herd owner			
Mailing address of origin herd owner (<i>number and street</i>)			
City	State	ZIP code	County
<input type="checkbox"/> Physical address of origin cervidae same as mailing address of origin herd owner			
Physical address of origin cervidae (<i>number and street, if different</i>):			
City	State	ZIP code	County
E-mail address		Telephone number ()	
ORIGIN HERD VETERINARY INFORMATION			
Name of veterinarian		Telephone number ()	

SHIPMENT INFORMATION

Anticipated Movement Date:

	Official Identification	Secondary Identification	Species	Date of Birth / Age	Sex
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Attach additional pages of animal information as necessary

Submit completed and signed application along with all supporting documents to **one (1)** of the following:

Indiana State Board of Animal Health
 1202 East 38th Street
 Discovery Hall, Suite 100
 Indianapolis, IN 46205-2898
 E-mail: CervidRecords@boah.IN.gov
 Fax: (317) 974-2011

SIGNATURE AND CERTIFICATION

I, as the applicant or duly authorized representative of the applicant, certify by signing below that to the best of my knowledge the above information is accurate. I further certify that none of the animals in this shipment originate from, or have spent time in, a state where chronic wasting disease has been diagnosed in the last 5 years.

Signature

Date (*month, day, year*)