



CERTIFICATE OF VETERINARY INSPECTION

State Form 36380 (R16 / 8-22)

LARGE ANIMAL - LIMIT ONE SPECIES PER CERTIFICATE.
FOR SHIPMENTS LEAVING UNITED STATES, USE FEDERAL FORM.
To include additional animals, complete the ♦ items on the next certificate.

INDIANA STATE BOARD OF ANIMAL HEALTH

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CERTIFICATE NUMBER

32C

- ♦ This CVI covers a total of _____ animals on ____ pages.
- ♦ This CVI correlates to CVI Number _____.

♦ Entry permit number				♦ Inspection date (month, day, year)				Shipment date (month, day, year)					
♦ OWNER / CONSIGNOR				♦ BUYER / SHOW / PUBLIC SALE (1st Consignee)				♦ RECONSIGNEE (2nd Consignee)					
Name of owner/consignor (first and last) and/or Business				Name of buyer/show (first and last) and/or Business				Name of consignee (first and last) and/or Business					
Physical address of animals (number and street)				Physical address of animals (number and street)				Physical address of animals (number and street)					
City	State IN	ZIP code	County	City	State	ZIP code	County	City	State	ZIP code	County		
Telephone number ()		Premises identification number		Telephone number ()		Premises identification number		Reconsignee information entered by		NOTE: Reconsignee is responsible for and must meet state of destination and other movement requirements.			
Address of consignor (number and street, city, state, and ZIP code)(if different)				Address of 1st consignee (number and street, city, state, and ZIP code)(if different)				ACCREDITED FREE FOR		Herd / Flock number			
PURPOSE OF MOVEMENT				SPECIES									
<input type="checkbox"/> Breeding <input type="checkbox"/> Recreational <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Feeding <input type="checkbox"/> Slaughter <input type="checkbox"/> Show/Exhibition <input type="checkbox"/> Sale <input type="checkbox"/> Other (specify) _____				<input type="checkbox"/> Cattle-Beef <input type="checkbox"/> Cervids <input type="checkbox"/> Goats <input type="checkbox"/> Sheep <input type="checkbox"/> Swine <input type="checkbox"/> Cattle-Dairy <input type="checkbox"/> Equine <input type="checkbox"/> Poultry <input type="checkbox"/> Other (specify) _____ Disease certification statements				<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Brucellosis <input type="checkbox"/> Johne's <input type="checkbox"/> Scrapie <input type="checkbox"/> PRV <input type="checkbox"/> CWD <input type="checkbox"/> Other (specify) _____					
♦ ANIMAL SPECIFIC INFORMATION													
Number of Head	Official Permanent Identification (check one)		Other identification (Secondary ID, Animal description, Registry name)	Age	Sex	Breed	Tuberculosis		Brucellosis		Equine Infectious Anemia		Accession Number, Tests, Vaccinations, or Health Statements
	<input type="checkbox"/> Ear Tag	<input type="checkbox"/> Micro-chip					Date Observed	Test Result	Test Result	Vacc. Tattoo	Test Date	Test Date	
STATEMENT OF OWNER / AGENT						CERTIFICATION OF VETERINARIAN							
"The animals in this shipment are those listed on this certificate, including continuing sheets, and the identification and ages of the animals listed are correct."						"I certify, as an accredited veterinarian, that the above-described animals, including continuation sheets, have been inspected by me on the above stated inspection date and that they are not showing signs of infectious, contagious, and/or communicable disease (except where noted). The vaccinations and results of tests are 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 warranty is made or implied."							
Printed name of owner / agent						Printed name of veterinarian			Telephone number ()		E-mail address		
♦ Signature of owner / agent (where applicable)						Address of veterinarian (number and street, city, state, and ZIP code)							
♦ Date owner / agent signed (month, day, year)						♦ USDA accreditation number (six digit number)			State of license IN		♦ License number		
♦ Signature of veterinarian						♦ Date veterinarian signed (month, day, year)							