

COMMUTER HERD PERMIT NUMBER CO-UT2K14-_____

SECTION I

COLORADO INFO:

Name: _____ Ranch Name: _____

Phone Number: _____ Home Cell Fax: _____

E-mail Address: _____

Physical Address of Cattle: _____ City: _____ Zip: _____

County: _____ USDA Premises ID# (if applicable): _____

No. of cattle to be pastured in Utah: Cows: _____ Calves _____ Heifers _____ Bulls _____

Are all females OCV (Bangs vaccinated)? _____ Are all bulls in the herd Trich tested? _____

Does this herd co-mingle with anyone else's herd in UT? _____

If yes, name/grazing association _____

UTAH INFO:

Property Owner Name: _____ Address: _____

County: _____ USDA Premises ID# (if applicable): _____

Date of Movement into Utah: _____ **Date of return to Colorado:** _____

SECTION II – Please read carefully and sign below

1. I agree to move only cattle from my breeding herd, including breeding bulls, cows, and their calves. *Purchased feeder or other temporary use cattle (trader cattle) are not allowed to be included on this permit.*
2. The cows on this agreement are **REQUIRED** to be official calf-hood vaccinated for Brucellosis (Bangs vaccinated).
3. I agree to have all bulls tested for Trichomoniasis upon return to Colorado, after having been separated from female cattle for one month.
4. I agree to any necessary testing that may be required as a result of my herd being exposed (in either state) to Brucellosis, Tuberculosis, or any other disease.

HERD VETERINARIAN (Please Print): _____ Tele: _____

Address: _____ City: _____ Zip: _____

PRODUCER SIGNATURE: _____ **Date:** _____

SECTION III

*****FOR OFFICIAL USE ONLY*****

APPROVAL – STATE OF ORIGIN

The above cattle owner is approved for the movement of his/her cattle between Colorado and Utah, as requested in this agreement for pasture.

_____ CO State Animal Health Official _____

Date

Signature

APPROVAL – STATE OF DESTINATION

Upon the recommendation of your State Veterinarian, I hereby approve your application for the movement of cattle as specified and under the terms and conditions specified in your application.

_____ UT State Animal Health Official _____

Date

Signature