

## **COLORADO/NEW MEXICO SHEEP COMMUTER HERD AGREEMENT**

This permit must be renewed in writing on a yearly basis; the State Veterinarian's Office at the Colorado Department of Agriculture (CDA) must receive applications at least two weeks prior to movement.

The owner is to call the New Mexico Livestock Inspector on arrival, and again before departure in the fall, for a flock inspection.

The following Commuter Sheep Agreement, when completed and signed by the owner and the State Animal Health Officials of Colorado and New Mexico, will allow for the movement of your ewe flock and their offspring without testing for epididymitis. Commuter permits are for bonafide breeding herds.

**APPLICATION INSTRUCTIONS:** Sections I and II are to be completed by the owner and submitted by mail, fax, or e-mail to the State Veterinarian's Office at CDA. Section III will be completed by the State Animal Health Officials.

**BY TYPING OR SIGNING YOUR NAME ON THE SIGNATURE LINE, YOU ARE VERIFYING THAT ALL PROVIDED INFORMATION IS CORRECT.**

**COLORADO:** Dr. Keith Roehr, State Veterinarian  
305 Interlocken Parkway  
Broomfield, CO 80021  
Phone: 303-869-9130  
Fax: 303-466-8515  
E-mail: [animalhealth@state.co.us](mailto:animalhealth@state.co.us)

**NEW MEXICO:** Dr. Ralph Zimmerman, State Veterinarian  
300 San Mateo Boulevard Northeast, Suite 1000  
Albuquerque, NM 87108  
Phone: 505-841-6161  
Fax: 505-841-6160  
E-mail: [statevet@nmlbonline.com](mailto:statevet@nmlbonline.com)

PRODUCER INFORMATION ONLY. DO NOT SEND BACK COVER LETTER WITH APPLICATION.

**SHEEP COMMUTER HERD AGREEMENT**

**PERMIT NUMBER CO-NM2K20-\_\_\_\_\_**

**SECTION I**

**COLORADO INFO:**

Name: \_\_\_\_\_ Ranch Name: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Physical Address of Sheep: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ USDA Premises ID (Required): \_\_\_\_\_

Number of sheep to be pastured in New Mexico: Ewes \_\_\_\_\_ Lambs \_\_\_\_\_ Rams \_\_\_\_\_

**NEW MEXICO INFO:**

Property Owner Name: \_\_\_\_\_ County: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

USDA Premises ID (Required): \_\_\_\_\_ NM Brand/Holding Brand # (Required): \_\_\_\_\_

Date of Movement into New Mexico: \_\_\_\_\_ Date of Return to Colorado: \_\_\_\_\_

**SECTION II – Please read carefully and sign below**

1. I agree to move only sheep from my breeding herd (ewes, lambs, and rams).
2. I agree to treat these sheep for scabies as may be required by either or both states.
3. If the sheep become infected or exposed to bluetongue, foot rot, sore-mouth, or scabies in either state, I will agree to any necessary testing or treatment as may be required.

HERD VETERINARIAN (Please Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**PRODUCER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_**

\*\*\*\*\***SECTION III- FOR OFFICIAL USE ONLY**\*\*\*\*\*

**APPROVAL – STATE OF ORIGIN**

The above sheep owner is approved for the movement of his/her sheep between Colorado and New Mexico, 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 sheep as specified and under the terms and conditions specified in your application.

\_\_\_\_\_ NM State Animal Health Official \_\_\_\_\_

Date

Signature