

COLORADO/WYOMING COMMUTER CATTLE AGREEMENT

The animals being moved must be accompanied by a Certificate of Veterinary Inspection (CVI) issued prior to movement and a copy of this Commuter Cattle Agreement. The commuter agreement number is to be written on the CVI.

With an approved commuter agreement, the official animal ID tag numbers of the cattle do not need to be individually listed on the CVI.

All Trichomoniasis test results for bulls 18 months of age and older **MUST** accompany the application. With an approved commuter agreement, trich testing can be done within annual herd testing cycles and is not required to be done in the 60 days prior to movement. If you have purchased cattle from another producer please include those test results. Your application will be returned if all test information is not furnished or if testing dates are not within the acceptable guidelines.

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 following Commuter Cattle Agreement, when completed and signed by the owner and the State Animal Health Officials of Colorado and Wyoming, will allow for the movement of your herd and their offspring. Commuter permits are for bonafide breeding herds only – NO TRADER CATTLE.

APPLICATION INSTRUCTIONS: Sections I and II are to be completed by the herd 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

WYOMING: Dr. Jim Logan, State Veterinarian
1934 Woyott Drive
Cheyenne, WY 82002
Phone: 307-777-7515
Fax: 307-777-6561

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

COMMUTER HERD PERMIT NUMBER CO-WY2K20-_____

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 Wyoming: 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 WY? _____

If yes, name/grazing association _____

WYOMING INFO:

Property Owner Name: _____ Address: _____
County: _____ USDA Premises ID# (if applicable): _____

Date of Movement into Wyoming: _____ **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 Wyoming, 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.

_____ WY State Animal Health Official _____
Date Signature