

OWNER-SHIPPER STATEMENT (OSS)

To be used in place of a Certificate of Veterinary Inspection to document interstate movement of slaughter animals. Slaughter animals listed on this OSS must move directly to a slaughter facility or may move through one USDA approved market and then to a slaughter facility.

ONLY ONE SPECIES ALLOWED PER CERTIFICATE

Print clearly

(1) Premises animals moved from:			
Street Address	City	State	
(2) Destination Name (slaughter facility or USDA approved market):			
Street Address	City	State	
(3) a) Owner name:			
b) Owner mailing address:			
Address:	City:	State	Zip
(4) a) Shipper name:			
b) Shipper address:			
Address:	City:	State	Zip
(5) Check box if statement is true and fill in number of sheep or goats being moved:			
These sheep/goats were born on my farm and/or lambbed/kidded on my farm			
Goat # _____	Sheep # _____		
(6) Fill in number of animals being moved:			
Cattle # _____	Swine # _____	Horses # _____	Other (specify) # _____
(7) Date of Movement: _____			
(8) Signature:			
_____		OR	_____
Owner			Shipper

Identification number of each animal in the shipment, as required in 9 CFR, is recorded in table below.*

	Official ID or Back Tag Number		Official ID or Back Tag Number
1		8	
2		9	
3		10	
4		11	
5		12	
6		13	
7		14	

* A separate listing of animal identification numbers may be attached to this form. The date, owner or shipper name, and destination must be included on the attachment.