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| AH-IM-101.docx (rev. 04/15) | | OFFICE USE ONLY |
|  | Wisconsin Department of Agriculture,  Trade and Consumer Protection  Division of Animal Health  PO Box 8911, Madison, WI 53708-8911  Phone: (608) 224-4872 Fax (608) 224-4871 | IMPORT PERMIT NUMBER: |
| DATE ISSUED: |
| DATE EXPIRES: Thirty days after issued |
| SIGNATURE: |
| CIRCUS, RODEO, & MENAGERIE IMPORT PERMIT APPLICATION  Wis. Admin. Code ATCP 10.07 and 10.81 | | |

INSTRUCTIONS:

1. Complete sections A – E. Items with asterisk “ \* ” are required fields.
2. Submit completed application form and certificate of veterinary inspection (health certificate).
3. Fax to 608-224-4871 or email to DATCPAnimalImports@Wisconsin.gov.
4. Processing hours are Monday-Friday 8AM-4PM Central Time. Call 608-224-4874 with questions.

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| Section A – Owner & Event Information | | | | | | | | | |
| \*CONSIGNOR LEGAL NAME (MENAGERIE OWNER/MANAGER) | | | | | \*DBA/TRADE NAMES/OTHER NAMES USED | | | | |
| \*LEGAL ENTITY TYPE If animals are owned by business, legal entity section must be completed (Check one): | | | | | | | | | |
| General Partnership | Cooperative | Corporation | Trust | LLC | | Other: | | | |
| \*CONSIGNOR LEGAL ADDRESS STREET | | | | | \*CITY | | | \*STATE | \*ZIP |
| \*CONSIGNOR PHONE  (   )     - | | | | | LIVESTOCK PREMISES CODE | | | | |
| \*DATE | \*EVENT NAME | | | | | | \*EVENT LIVESTOCK PREMISES CODE † | | |
| \*EVENT ADDRESS STREET | | | | | \*CITY | | | \*STATE | \*ZIP |
| If touring the state of Wisconsin (more than one event), please attach a list including  date, name of event, and location (address / city / state) for each stop. You must also list premise codes for all locations. | | | | | | | | | |

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| Section B – Shipment Information | | | | |
| HAULER NAME | | HAULER PHONE  (   )     - | | |
| HAULER ADDRESS STREET | CITY | | STATE | ZIP |
| \*SHIPMENT DATE | \*NUMBER OF ANIMALS IN SHIPMENT | | | |
| \*SPECIES OR ANIMAL TYPE(S) | | | | |

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| Section C – Certificate of Veterinary Inspection (CVI) & Veterinarian Information | | | | | |
| \*CVI or HC NUMBER | \*DATE CVI ISSUED | \*BUSINESS TELEPHONE | \*BUSINESS FAX | | |
| \*REQUESTOR NAME (VETERINARIAN OR WI IMPORTER) | | \*CLINIC NAME | | | |
| \*CLINIC ADDRESS STREET | | \*CITY | | \*STATE | \*ZIP |

|  |  |
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| Section D – Negative Test Results (if required) | |
| BRUCELLOSIS DATE BLED & TEST RESULTS | TB INJECTION DATE & TEST RESULTS |
| EIA TEST DATE & TEST RESULTS | TB WHOLE HERD TEST & TEST RESULTS |

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| Section E – Signature & Date | |
| \*APPLICANT SIGNATURE (VETERINARIAN OR WI IMPORTER) | \*APPLICATION DATE |

† The Livestock Premises Code is required if the animals are classified as livestock and will be at a venue where livestock are kept (farms, fairgrounds, exhibition facilities, etc.).

Personal Information you provide may be used for purposes other than that for which it was originally collected s. 15.04(1)(m) Wis. Stats.

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