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| AH-IM-102.docx (rev. 08/16) | OFFICE USE ONLY |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Animal HealthPO Box 8911, Madison, WI 53708-8911Phone: (608) 224-4872 Fax (608) 224-4871 | IMPORT PERMIT NUMBER: |
| DATE ISSUED: |
| DATE EXPIRES: Thirty days after issued |
| SIGNATURE: |
| CERVID IMPORT PERMIT APPLICATION ss. ATCP 10.07 and 10.55 Wis. Admin.Code  |

INSTRUCTIONS:

1. Complete sections A – F. Items with asterisk “ \* ” are required fields.
2. Submit completed application form and certificate of veterinary inspection (CVI), also known as a health certificate.
3. Fax to 608-224-4871, email to DATCPAnimalImports@Wisconsin.gov or mail to the address above.
4. Processing hours are Monday-Friday 8AM-4PM Central Time. Call 608-224-4874 with questions. Please allow time for the approval process.

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| Section A – Origin & Destination Information |
| \*DESTINATION LEGAL NAME      | \*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:        |
| \*DESTINATION LEGAL ADDRESS STREET       | \*DESTINATION CITY      | \*STATE   | \*ZIP      |
| \*DESTINATION PHONE(   )     -      | \*DESTINATION FARM-RAISED DEER REGISTRATION NUMBER      | \*DESTINATION LIVESTOCK PREMISES CODE       |
| \*ORIGIN CONSIGNOR LEGAL NAME       | \*ORIGIN CONSIGNOR DBA/TRADE       | ORIGIN LIVESTOCK PREMISES CODE       |
| \*ORIGIN PHONE(   )     -      | \*ORIGIN ADDRESS      | \*ORIGIN CITY      | \*STATE   | \*ZIP      |

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

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| Section C – Certificate of Veterinary Inspection (CVI) or Health Certificate & 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  |
| \*BRUCELLOSIS CERTIFIED HERD NUMBER AND ANNIVERSARY DATE ***OR***      | \*BRUCELLOSIS INDIVIDUAL TEST DATE BLED & RESULTS      |
| \*TB ACCREDITATION NUMBER AND ANNIVERSARY DATE ***OR***      | \*TB WHOLE HERD TEST DATE & RESLUTS      | \*LAST INDIVIDUAL TB TESTED DATE (MICHIGAN)       |

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| Section E – Chronic Wasting Disease Herd Status |
| \*CWD HERD STATUS NUMBER        | \*BEGINNING CWD HERD STATUS DATE       |

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

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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