

# ***Veterinary Accreditation in Illinois: State Overview***

***Bureau of Animal Health and Welfare  
Illinois Department of Agriculture***

# *State Responsibilities*

- Administer laws pertaining to importation of animals into Illinois
- Administer laws pertaining to animal health and regulatory disease programs
- License businesses and individuals such as livestock auction markets, and livestock dealers
- Conduct animal disease outbreak investigations
- Respond to humane care complaints
- License pet shops, kennels, breeders, shelters, animal control facilities

# *Acts Administered by the Bureau*

## *Animal Health Acts*

- Animal Disease Laboratories Act
- Bovine Brucellosis Eradication Act
- Illinois Bovidae and Cervidae Tuberculosis Eradication Act
- Illinois Diseased Animals Act
- Illinois Equine Infectious Anemia Control Act
- Illinois Feeder Swine Dealer Licensing Act
- Illinois Livestock Dealer Licensing Act
- Illinois Pseudorabies Control Act
- Illinois Swine Brucellosis Eradication Act
- Illinois Swine Disease Control and Eradication Act
- Livestock Auction Market Law
- Poultry Inspection Act
- Slaughter Livestock Buyers Act
- Trichinosis Control Act

# *Acts Administered by the Bureau*

## *Animal Welfare*

- Animal Welfare Act
- Animal Control Act
- Humane Care for Animals Act
- Dead Animal Disposal Act
- Domestic Animals Running at Large Act
- Feeding of Garbage to Animals Act
- Brand Act
- Horse Meat Act

# *Acts Administered by the Bureau*

- Acts and regulations are available online at:  
<http://www.agr.state.il.us/Laws/index.html>



# *Illinois Diseased Animals Act*



# Reportable Diseases in Illinois

- anthrax
- avian influenza
- bluetongue
- brucellosis -- bovine, canine, swine, equine and caprine
- chronic wasting disease (CWD) - cervids
- contagious equine metritis
- equine infectious anemia
- equine viral encephalitides
- fowl typhoid
- hog cholera
- infectious encephalomyelitis -- avian
- infectious laryngotracheitis
- monkeypox
- *Mycoplasma gallisepticum* -- turkeys
- *Mycoplasma synoviae* -- turkeys
- Newcastle disease
- paramyxovirus infection
- paratuberculosis -- (Johne's disease)
- piroplasmosis
- plague
- pseudorabies -- (Aujeszky's disease)
- psittacosis -- (ornithosis)
- pullorum disease
- Q fever
- rabies
- salmonella enteritidis -- poultry
- salmonella typhimurium -- poultry
- scabies -- cattle and sheep
- scrapie
- transmissible spongiform encephalopathy (TSE)
- trichinellosis
- tuberculosis -- bovine
- tularemia
- vesicular conditions of any type
- West Nile Virus
- Any contagious or infectious disease presently considered as "exotic", i.e., not known to exist in the United States

# Reportable Diseases

- Illinois Diseased Animals Act (Section 85.10)
  - Any herd owner, flock owner, **veterinarian** or other person having knowledge of the disease, failing to report a suspect case of any of the above diseases immediately after discovery, or who is responsible for the spread of the disease, shall be subject to penalty as provided by law.
  - Reports of any of the above diseases shall be made to the Department, telephone 217/782-4944.
  - Faxed copies are requested at 217/558-6033

# *Illinois Livestock Auction Market Law*





# *Auction Market Law*

- Applies to “sale barns”
- Sale barns are required to have a veterinarian
- Veterinarian’s responsibilities
  - Sanitation
  - Inspect animals at the barn
  - Complete CVI’s
  - Quarantine animals when disease is detected

# *Auction Market Law*

- Auction market must make a request for a specific veterinarian
- Veterinarian must:
  - Be licensed
  - Be accredited
  - Have a good understanding of the laws and regulations pertaining to markets, official ID, and movement of livestock

# *Illinois Equine Infectious Anemia Control Act*

- All EIA blood samples drawn within Illinois must be collected by an Illinois licensed and accredited veterinarian
  - EIA form must be fully completed
    - Draw in markings
    - Provide written description of markings
- Sale
  - Current EIA test
- Exhibition
  - Current EIA test
  - No CVI required

# *Illinois Animal Welfare Act*



# *Illinois Animal Welfare Act*

## *Provides for regulation of Bureau licensees*

- Pet shops
- Dog breeders
- Kennels
- Catteries
- Dog dealers
- Animal Shelters
- Foster homes
- Animal control facilities
- Guard dog services

# *Illinois Humane Care For Animals Act*



# *Illinois Humane Care For Animals Act*

- Humane care and treatment
- Owner's duties
- Shelter
- Animals in entertainment
- Animal fighting
- Cruel treatment
- **Aggravated cruelty**
- **Animal torture**
  - When observed by or presented to a veterinarian, must be reported to the Department

# *Illinois Animal Control Act*



# *Illinois Animal Control Act*

- County animal control facilities
- Dangerous dogs
- Vicious dogs
- Impoundment
- Registration and tags
- Microchipping
- Rabies vaccination

# *Illinois Animal Control Act*

- Rabies Vaccination
  - Manufacturers vaccine labeling indications are accepted in Illinois
  - All dogs 16 weeks of age and older are required to be vaccinated against rabies
  - There is no state regulation requiring rabies vaccination in cats
    - County ordinance may require vaccination

# *Illinois Animal Control Act*

## ● Rabies Vaccination

- Rabies vaccine must be administered by a licensed veterinarian
  - Rabies vaccine is not to be sold or distributed to owners
- There is no recognized rabies vaccine approved for use on wild animals
  - Wild animals shall not be vaccinated against rabies
  - “Wild Animal” means wolf, coyote, or the offspring of a mating between a wolf or coyote and a dog

# *Certificate of Veterinary Inspection (CVI)*



# CVI

- All animals listed must be inspected by the issuing veterinarian
- Corrections on CVI's are not acceptable
- Record all manmade ID on the CVI
- List only one animal per line
- DO NOT pre-sign CVI's
- Maintain control of all blank CVI's
- Keep a copy for your records



# CERTIFICATE OF VETERINARY INSPECTION

<b>PERMIT NUMBER</b>
33V 44926

Bureau of Animal Health  
 State Fairgrounds - P.O. Box 19281  
 Springfield, Illinois 62794-9281  
 (217) 782-4944 Fax: (217) 558-6033 TTY: (217) 524-6858

(Distribution: White - Accompany Shipment    White & Yellow - State Veterinarian    Pink - Issuing Veterinarian)

OWNER OR CONSIGNOR		CONSIGNEE		RECONSIGNEE TO:	
ADDRESS		ADDRESS		DESTINATION ADDRESS	
ORIGIN ADDRESS (If Different From Above)		DESTINATION ADDRESS (If Different From Above)		CITY	STATE      ZIP CODE
COUNTY OF ORIGIN	PREMISE ID #	NO. ANIMALS IN SHIPMENT:		ENTRY PERMIT #	NO. ANIMALS IN SHIPMENT      RECONSIGNEE DATE

<b>Species</b> <input type="checkbox"/> Cattle <input type="checkbox"/> Poultry <input type="checkbox"/> Goat <input type="checkbox"/> Horses <input type="checkbox"/> Bison <input type="checkbox"/> Sheep <input type="checkbox"/> Cervidae <input type="checkbox"/> Swine <input type="checkbox"/> Other _____	<b>Purpose of Movement</b> <input type="checkbox"/> Breeding <input type="checkbox"/> Feeding <input type="checkbox"/> Sale <input type="checkbox"/> Show <input type="checkbox"/> Slaughter <input type="checkbox"/> Other _____	<b>Herd or Flock Status</b> TB Accred.      No. _____ Bruc. Certified      No. _____ Bruc. Validated      No. _____ PRV Qualified      No. _____ Johne's              No. _____ Scrapie              No. _____ Other _____	<b>LAST TEST DATE</b> _____ _____ _____ _____ _____
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<b>ACCREDITED VETERINARIAN SIGNATURE</b>  _____ _____
<b>VACCINATION and/or TREATMENT</b> For _____ Date _____ Product _____

Eartag, Tattoo or Other Permanent Identification	Registry Name and Address and/or Description	AGE	SEX	BREED	TB TEST	BRUCELLOSIS	BRUC. VACC. TATTOO SYMBOL	PRV TEST	OTHER TESTS
					Inj.	Date		Date	Test
					Obs. (72hrs.)	Lab		Lab	Date & Lab
					<b>RESULTS</b>	<b>RESULTS</b>		<b>RESULTS</b>	<b>RESULTS</b>
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Date Issued	<b>X</b> Signature of Accredited Veterinarian	Address
Date Inspected	Printed Name	Telephone Number



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Must be complete mailing addresses

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Check with destination  
for permit  
requirement

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<b>ACCREDITED VETERINARIAN SIGNATURE</b>	
<b>VACCINATION and/or TREATMENT</b>	
For _____	Date _____
Product _____	

Eartag, Tattoo or Other Permanent Identification	Registry Name and Address and/or Description	AGE	SEX	BREED	TB TEST	BRUCELLOSIS	BRUC. VACC. TATTOO SYMBOL	PRV TEST	OTHER TESTS	
					Inj.	Date		Date	Test	
					Obs. (72hrs.)	Lab		Lab	Date & Lab	
					RESULTS	RESULTS			RESULTS	RESULTS
1	<b>Official ID</b>									
2										
3										
4										
5										
6										
7										
8										
9										
10										

CERTIFICATION OF ISSUING VETERINARIAN: I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease, (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No warranty is made or implied.

Date Issued	<input checked="" type="checkbox"/> Signature of Accredited Veterinarian	Address
Date Inspected	Printed Name	Telephone Number





# CERTIFICATE OF VETERINARY INSPECTION

**PERMIT NUMBER**

33V 44926

Bureau of Animal Health  
 State Fairgrounds - P.O. Box 19281  
 Springfield, Illinois 62794-9281  
 (217) 782-4944 Fax: (217) 558-6033 TTY: (217) 524-6858

(Distribution: White - Accompany Shipment    White & Yellow - State Veterinarian    Pink - Issuing Veterinarian)

--

OWNER OR CONSIGNOR		CONSIGNEE		RECONSIGNED TO:	
ADDRESS		ADDRESS		DESTINATION ADDRESS	
ORIGIN ADDRESS (If Different From Above)		DESTINATION ADDRESS (If Different From Above)		CITY	STATE      ZIP CODE
COUNTY OF ORIGIN	PREMISE ID #	NO. ANIMALS IN SHIPMENT:		ENTRY PERMIT #	NO. ANIMALS IN SHIPMENT      RECONSIGNED DATE

<b>Species</b> <input type="checkbox"/> Cattle <input type="checkbox"/> Poultry <input type="checkbox"/> Goat <input type="checkbox"/> Horses <input type="checkbox"/> Bison <input type="checkbox"/> Sheep <input type="checkbox"/> Cervidae <input type="checkbox"/> Swine <input type="checkbox"/> Other _____	<b>Purpose of Movement</b> <input type="checkbox"/> Breeding <input type="checkbox"/> Feeding <input type="checkbox"/> Sale <input type="checkbox"/> Show <input type="checkbox"/> Slaughter <input type="checkbox"/> Other _____	<b>Herd or Flock Status</b> TB Accred.      No. _____ Bruc. Certified      No. _____ Bruc. Validated      No. _____ PRV Qualified      No. _____ Johne's      No. _____ Scrapie      No. _____ Other _____	<b>LAST TEST DATE</b> _____ _____ _____ _____ _____
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<b>ACCREDITED VETERINARIAN SIGNATURE</b>	
<b>VACCINATION and/or TREATMENT</b>	
For _____	Date _____
Product _____	

Eartag, Tattoo or Other Permanent Identification	Registry Name and Address and/or Description	AGE	SEX	BREED	TB TEST	BRUCELLOSIS	BRUC. VACC. TATTOO SYMBOL	PRV TEST	OTHER TESTS	
					Inj.	Date		Date	Test	
					Obs. (72hrs.)	Lab		Lab	Date & Lab	
					RESULTS	RESULTS			RESULTS	RESULTS
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Age, Sex  
Breed

**CERTIFICATION OF ISSUING VETERINARIAN:** I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease, (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No warranty is made or implied.

Date Issued	<b>X</b> Signature of Accredited Veterinarian	Address
Date Inspected	Printed Name	Telephone Number



# CERTIFICATE OF VETERINARY INSPECTION

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ADDRESS		ADDRESS		DESTINATION ADDRESS	
ORIGIN ADDRESS (If Different From Above)		DESTINATION ADDRESS (If Different From Above)		CITY                      STATE                      ZIP CODE	
COUNTY OF ORIGIN	PREMISE ID #	NO. ANIMALS IN SHIPMENT:		ENTRY PERMIT #	NO. ANIMALS IN SHIPMENT
				RECONSIGNED DATE	

<b>Species</b> <input type="checkbox"/> Cattle <input type="checkbox"/> Poultry <input type="checkbox"/> Goat <input type="checkbox"/> Horses <input type="checkbox"/> Bison <input type="checkbox"/> Sheep <input type="checkbox"/> Cervidae <input type="checkbox"/> Swine <input type="checkbox"/> Other _____	<b>Purpose of Movement</b> <input type="checkbox"/> Breeding <input type="checkbox"/> Feeding <input type="checkbox"/> Sale <input type="checkbox"/> Show <input type="checkbox"/> Slaughter <input type="checkbox"/> Other _____	<b>Herd or Flock Status</b> TB Accred.    No. _____ Bruc. Certified    No. _____ Bruc. Validated    No. _____ PRV Qualified    No. _____ Johne's    No. _____ Scraple    No. _____ Other _____	<b>LAST TEST DATE</b> _____ _____ _____ _____ _____
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<b>ACCREDITED VETERINARIAN SIGNATURE</b>	
<b>VACCINATION and/or TREATMENT</b>	
For _____	Date _____
Product _____	

Eartag, Tattoo or Other Permanent Identification	Registry Name and Address and/or Description	AGE	SEX	BREED	TB TEST	BRUCELLOSIS	BRUC. VACC. TATTOO SYMBOL	PRV TEST	OTHER TESTS
					Inj.	Date		Date	Test
					Obs. (72hrs.)	Lab		Lab	Date & Lab
					<b>RESULTS</b>	<b>RESULTS</b>		<b>RESULTS</b>	<b>RESULTS</b>
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

All Test Results

**CERTIFICATION OF ISSUING VETERINARIAN:** I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease, (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No warranty is made or implied.

Date Issued	<input checked="" type="checkbox"/>	Signature of Accredited Veterinarian	Address
Date Inspected		Printed Name	Telephone Number



# CERTIFICATE OF VETERINARY INSPECTION

33V 44926

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OWNER OR CONSIGNOR		CONSIGNEE		RECONSIGNED TO:	
ADDRESS		ADDRESS		DESTINATION ADDRESS	
ORIGIN ADDRESS (If Different From Above)		DESTINATION ADDRESS (If Different From Above)		CITY	STATE    ZIP CODE
COUNTY OF ORIGIN	PREMISE ID #	NO. ANIMALS IN SHIPMENT:		ENTRY PERMIT #	NO. ANIMALS IN SHIPMENT    RECONSIGNED DATE

<b>Species</b> <input type="checkbox"/> Cattle <input type="checkbox"/> Poultry <input type="checkbox"/> Goat <input type="checkbox"/> Horses <input type="checkbox"/> Bison <input type="checkbox"/> Sheep <input type="checkbox"/> Cervidae <input type="checkbox"/> Swine <input type="checkbox"/> Other _____	<b>Purpose of Movement</b> <input type="checkbox"/> Breeding <input type="checkbox"/> Feeding <input type="checkbox"/> Sale <input type="checkbox"/> Show <input type="checkbox"/> Slaughter <input type="checkbox"/> Other _____	<b>Herd or Flock Status</b> TB Accred.    No. _____ Bruc. Certified    No. _____ Bruc. Validated    No. _____ PRV Qualified    No. _____ Johne's    No. _____ Scrapie    No. _____ Other _____	<b>LAST TEST DATE</b> _____ _____ _____ _____ _____
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ACCREDITED VETERINARIAN SIGNATURE	
<b>VACCINATION and/or TREATMENT</b>	
For _____	Date _____
Product _____	

Eartag, Tattoo or Other Permanent Identification	Registry Name and Address and/or Description	AGE	SEX	BREED	TB TEST	BRUCELLOSIS	BRUC. VACC. TATTOO SYMBOL	PRV TEST	OTHER TESTS
					Inj.	Date		Date	Test
					Obs. (72hrs.)	Lab		Lab	Date & Lab
					<b>RESULTS</b>	<b>RESULTS</b>		<b>RESULTS</b>	<b>RESULTS</b>
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Vacc.  
Tattoo

CERTIFICATION OF ISSUING VETERINARIAN: I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease, (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No warranty is made or implied.

Date Issued	<b>X</b> Signature of Accredited Veterinarian	Address
Date Inspected	Printed Name	Telephone Number



# CERTIFICATE OF VETERINARY INSPECTION

PERMIT NUMBER

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Springfield, Illinois 62794-9281  
(217) 782-4944 Fax: (217) 558-6033 TTY: (217) 524-6858

(Distribution: White - Accompany Shipment White & Yellow - State Veterinarian Pink - Issuing Veterinarian)

OWNER OR CONSIGNOR		CONSIGNEE		RECONSIGNEE TO:	
ADDRESS		ADDRESS		DESTINATION ADDRESS	
ORIGIN ADDRESS (If Different From Above)		DESTINATION ADDRESS (If Different From Above)		CITY	STATE ZIP CODE
COUNTY OF ORIGIN	PREMISE ID #	NO. ANIMALS IN SHIPMENT:		ENTRY PERMIT #	NO. ANIMALS IN SHIPMENT RECONSIGNEE DATE

<b>Species</b> <input type="checkbox"/> Cattle <input type="checkbox"/> Poultry <input type="checkbox"/> Goat <input type="checkbox"/> Horses <input type="checkbox"/> Bison <input type="checkbox"/> Sheep <input type="checkbox"/> Cervidae <input type="checkbox"/> Swine <input type="checkbox"/> Other _____		<b>Purpose of Movement</b> <input type="checkbox"/> Breeding <input type="checkbox"/> Feeding <input type="checkbox"/> Sale <input type="checkbox"/> Show <input type="checkbox"/> Slaughter <input type="checkbox"/> Other _____		<b>Herd or Flock Status</b> TB Accred. No. _____ Bruc. Certified No. _____ Bruc. Validated No. _____ PRV Qualified No. _____ Johne's No. _____ Scrapie No. _____ Other _____		<b>LAST TEST DATE</b> _____ _____ _____ _____ _____ _____	
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ACCREDITED VETERINARIAN SIGNATURE

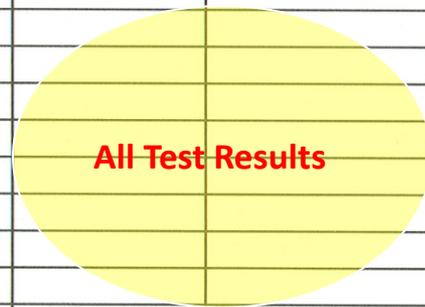
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VACCINATION and/or TREATMENT

For \_\_\_\_\_ Date \_\_\_\_\_

Product \_\_\_\_\_

Eartag, Tattoo or Other Permanent Identification	Registry Name and Address and/or Description	AGE	SEX	BREED	TB TEST		BRUCELLOSIS		BRUC. VACC. TATTOO SYMBOL	PRV TEST		OTHER TESTS	
					Inj.	Date	Date	Date		Date	Test		
					Obs. (72hrs.)	Lab	Lab	Lab		Date & Lab			
					RESULTS	RESULTS	RESULTS	RESULTS		RESULTS			
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													



CERTIFICATION OF ISSUING VETERINARIAN: I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease, (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No warranty is made or implied.

Date Issued	X Signature of Accredited Veterinarian	Address
Date Inspected	Printed Name	Telephone Number



# CERTIFICATE OF VETERINARY INSPECTION

33V 44926

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(Distribution: White - Accompany Shipment      White & Yellow - State Veterinarian      Pink - Issuing Veterinarian)

OWNER OR CONSIGNOR		CONSIGNEE		RECONSIGNED TO:	
ADDRESS		ADDRESS		DESTINATION ADDRESS	
ORIGIN ADDRESS (If Different From Above)		DESTINATION ADDRESS (If Different From Above)		CITY	STATE      ZIP CODE
COUNTY OF ORIGIN	PREMISE ID #	NO. ANIMALS IN SHIPMENT:		ENTRY PERMIT #	NO. ANIMALS IN SHIPMENT      RECONSIGNEED DATE

<b>Species</b> <input type="checkbox"/> Cattle <input type="checkbox"/> Poultry <input type="checkbox"/> Goat <input type="checkbox"/> Horses <input type="checkbox"/> Bison <input type="checkbox"/> Sheep <input type="checkbox"/> Cervidae <input type="checkbox"/> Swine <input type="checkbox"/> Other _____	<b>Purpose of Movement</b> <input type="checkbox"/> Breeding <input type="checkbox"/> Feeding <input type="checkbox"/> Sale <input type="checkbox"/> Show <input type="checkbox"/> Slaughter <input type="checkbox"/> Other _____	<b>Herd or Flock Status</b> TB Accred.      No. _____ Bruc. Certified    No. _____ Bruc. Validated    No. _____ PRV Qualified      No. _____ Johne's              No. _____ Scrapie                No. _____ Other _____	<b>LAST TEST DATE</b> _____ _____ _____ _____ _____
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ACCREDITED VETERINARIAN SIGNATURE	
<b>VACCINATION and/or TREATMENT</b>	
For _____	Date _____
Product _____	

Eartag, Tattoo or Other Permanent Identification	Registry Name and Address and/or Description	AGE	SEX	BREED	TB TEST	BRUCELLOSIS	BRUC. VACC. TATTOO SYMBOL	PRV TEST	OTHER TESTS
					Inj.	Date		Date	Test
					Obs. (72hrs.)	Lab		Lab	Date & Lab
					<b>RESULTS</b>	<b>RESULTS</b>		<b>RESULTS</b>	<b>RESULTS</b>
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Issue date must be within 10 days of inspection date

CERTIFICATION OF ISSUING VETERINARIAN: I, _____, as an accredited veterinarian, certify that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease, (except where noted). The vaccination and other tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No warranty is made or implied.			
Date Issued	<input checked="" type="checkbox"/>	Signature of Accredited Veterinarian	Address
Date Inspected		Printed Name	Telephone Number



# CERTIFICATE OF VETERINARY INSPECTION

33V 44926

<b>PERMIT NUMBER</b>

Bureau of Animal Health  
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OWNER OR CONSIGNOR		CONSIGNEE		RECONSIGNED TO:	
ADDRESS		ADDRESS		DESTINATION ADDRESS	
ORIGIN ADDRESS (If Different From Above)		DESTINATION ADDRESS (If Different From Above)		CITY	STATE      ZIP CODE
COUNTY OF ORIGIN	PREMISE ID #	NO. ANIMALS IN SHIPMENT:		ENTRY PERMIT #	NO. ANIMALS IN SHIPMENT      RECONSIGNED DATE

<b>Species</b> <input type="checkbox"/> Cattle <input type="checkbox"/> Poultry <input type="checkbox"/> Goat <input type="checkbox"/> Horses <input type="checkbox"/> Bison <input type="checkbox"/> Sheep <input type="checkbox"/> Cervidae <input type="checkbox"/> Swine <input type="checkbox"/> Other _____	<b>Purpose of Movement</b> <input type="checkbox"/> Breeding <input type="checkbox"/> Feeding <input type="checkbox"/> Sale <input type="checkbox"/> Show <input type="checkbox"/> Slaughter <input type="checkbox"/> Other _____	<b>Herd or Flock Status</b> TB Accred.      No. _____ Bruc. Certified      No. _____ Bruc. Validated      No. _____ PRV Qualified      No. _____ Johne's      No. _____ Scrapie      No. _____ Other _____	<b>LAST TEST DATE</b> _____ _____ _____ _____ _____
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ACCREDITED VETERINARIAN SIGNATURE	
<b>VACCINATION and/or TREATMENT</b>	
For _____	Date _____
Product _____	

Eartag, Tattoo or Other Permanent Identification	Registry Name and Address and/or Description	AGE	SEX	BREED	TB TEST	BRUCELLOSIS	BRUC. VACC. TATTOO SYMBOL	PRV TEST	OTHER TESTS
					Inj.	Date		Date	Test
					Obs. (72hrs.)	Lab		Lab	Date & Lab
					<b>RESULTS</b>	<b>RESULTS</b>		<b>RESULTS</b>	<b>RESULTS</b>
1									
2									
3									
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6									
7									
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9									
10									

CERTIFICATION OF ISSUING VETERINARIAN: I certify, as an accredited veterinarian, that the above described animals have been inspected by me and that they are not showing signs of infectious, contagious, and/or communicable disease, (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No warranty is made or implied.

Date Issued	<div style="border: 2px solid yellow; border-radius: 50%; padding: 10px; display: inline-block;"> <span style="font-size: 24pt; color: red; font-weight: bold;">X</span>  <span style="font-size: 18pt; color: red; font-weight: bold;">Don't forget to sign!</span> </div>	Address
Date Inspected	Printed Name	Telephone Number

# Companion Animals

FORM M-119  
Revised 9/01

Bureau of Animal Health  
Bureau of Animal Welfare  
State Fairgrounds - P.O. Box 19281  
Springfield, Illinois 62794-9281

570801

Original - Owner  
Canary - Division Office  
Pink - Division Office  
Goldenrod - Veterinarian

## OFFICIAL HEALTH CERTIFICATE FOR COMPANION ANIMALS

OWNER \_\_\_\_\_ CONSIGNEE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_ **Must be a complete mailing address**  
CITY AND STATE \_\_\_\_\_ **Complete name and address** CITY AND STATE \_\_\_\_\_ **address**

Registry name and number, or description	BREED AND/OR SPECIES	SEX	AGE	WEIGHT
<b>Name, description, Any identification</b>				

THE ABOVE ANIMALS RECEIVED \_\_\_\_\_ CC SINGLE INJECTION OF \_\_\_\_\_

RABIES VACCINE, SERIAL NO. \_\_\_\_\_  
NAME AND MANUFACTURER \_\_\_\_\_

RABIES VACC. CERT. NO. \_\_\_\_\_ VACC. DATE \_\_\_\_\_

I HEREBY CERTIFY THAT I HAVE EXAMINED THE ABOVE DESCRIBED ANIMAL(S) AND FIND THE SAME TO BE FREE FROM SIGNS OF CONTAGIOUS OR INFECTIOUS DISEASE, AND TO THE BEST OF MY KNOWLEDGE IS HEALTHY.

Place Issued \_\_\_\_\_ Signed \_\_\_\_\_ **Sign it!**  
Licensed Veterinarian

Date Issued \_\_\_\_\_ **Date it!** Approved \_\_\_\_\_  
State Veterinarian

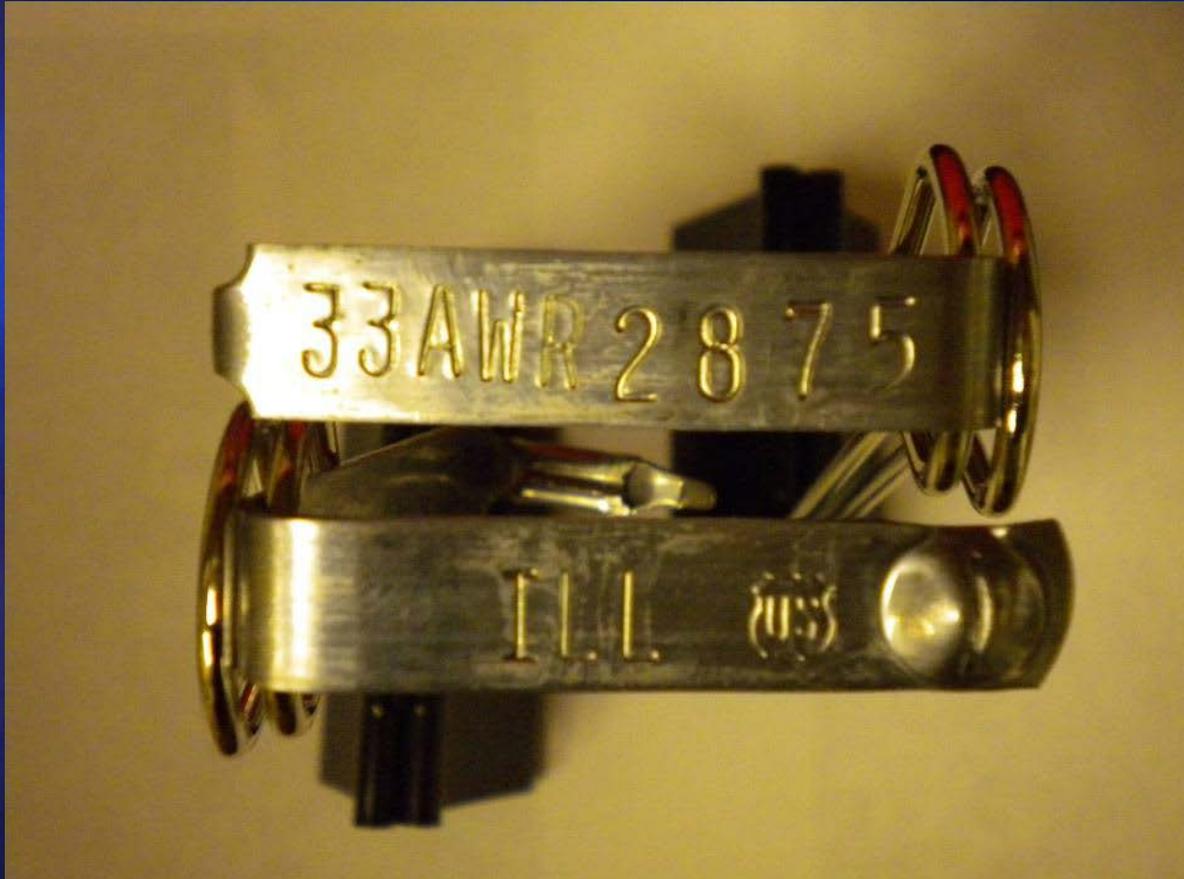
# *Calfhood Vaccination*



# *Calfhood Vaccination*

- Only female calves can be vaccinated
- Must use RB-51 vaccine
- Only calves between 120 – 240 days of age can be vaccinated
- Vaccination tattoo must be applied at the time of vaccination
- Calves must be officially identified at the time of vaccination
- Vaccination must be reported on official forms within 30 days of administration

# *Official Identification*



# *What is Considered Official ID?*

- Provides unique identification
- Numbers with an 840 prefix must include the U.S. shield
- Must be tamper resistant and have a high retention rate
- Must use one of the following systems
  - National Uniform Ear tagging System
  - Animal Identification Number (AIN)
  - Premises-based number system
  - Any other numbering system approved by the Administrator of APHIS

# Acquiring Official ID

- National Uniform Ear-tagging System
  - Tags are available through the Galesburg Animal Disease Laboratory
- AIN
  - Obtain a Premises Identification Number (PIN)
  - Select the 840 device of your preference
  - Contact an AIN Device Manager or Reseller
  - Provide your PIN to the Device Manager or Reseller
- Premises based numbering system
  - Numbers are assigned through the office of the state veterinarian

# *When is Official ID Required?*

- When animals are listed on a CVI
- When animals are moved interstate
- As required by federal veterinary accreditation standards
- When animals are required to be tested as a part of a state/federal regulatory disease program
  - Brucellosis, TB, Pseudorabies, Johne's
- When animals are required to be identified under state/federal disease programs
  - CWD, Scrapie

# *Links to Official ID Information*

- The following are links to web sites containing information on official identification
  - [http://www.aphis.usda.gov/traceability/downloads/swine\\_device\\_listing.pdf](http://www.aphis.usda.gov/traceability/downloads/swine_device_listing.pdf)
  - [http://www.aphis.usda.gov/traceability/downloads/AIN\\_device\\_list.pdf](http://www.aphis.usda.gov/traceability/downloads/AIN_device_list.pdf)
  - [http://www.aphis.usda.gov/traceability/downloads/eartag\\_listing.pdf](http://www.aphis.usda.gov/traceability/downloads/eartag_listing.pdf)

*Finally!!!!!!!!!!*

