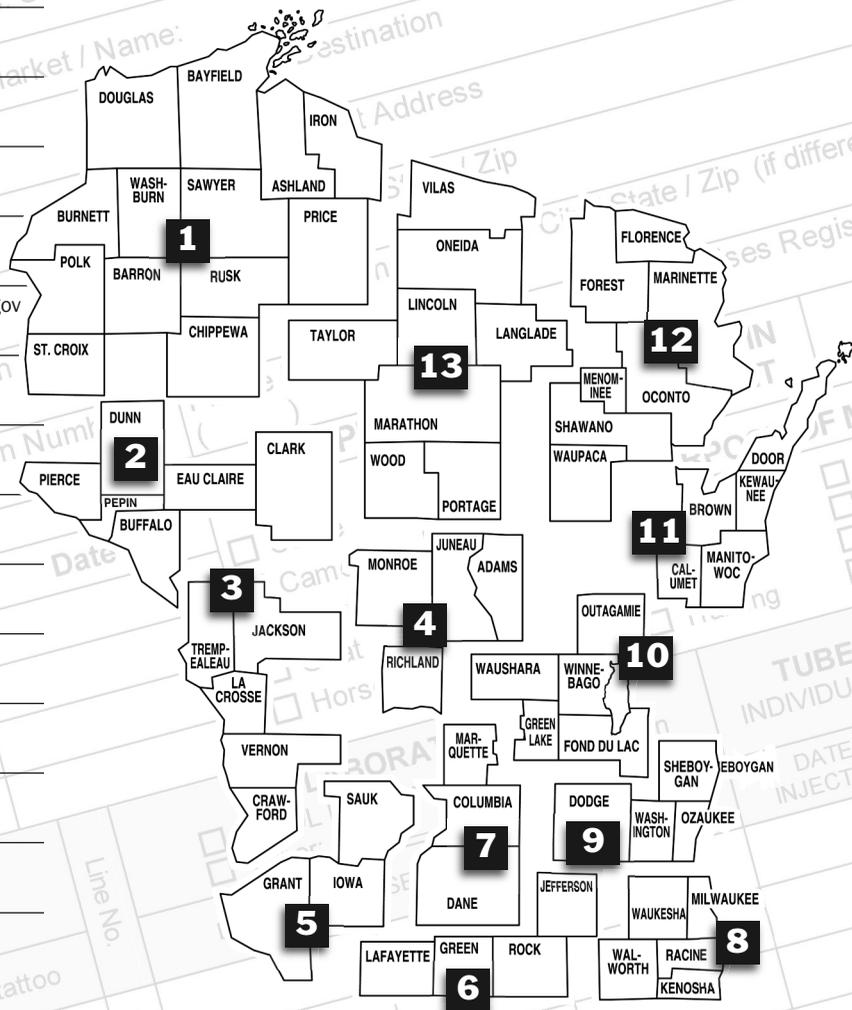


**For complete information,
contact your animal health inspector**

Area Name	Email	Cell phone
1 Bob LeMoine	bob.lemoine@wi.gov 715-271-0144	
2 Todd Stelzer	todd.stelzer@wi.gov 715-577-1682	
3 Mike Mezera	michael.mezera@wi.gov 608 412-2644	
4 Marti Graham	marti.graham@wi.gov 608-516-9122	
5 Mitch Alexander	mitchell.t.alexander@aphis.usda.gov 608-445-2505	
6 Becky Podgorski	rebecca.podgorski@wi.gov 608-290-0157	
7 Greg Ubl	greg.ubl@wi.gov 608-516-1069	
8 Jim Acker	james.acker@wi.gov 608-220-2197	
9 Bob Breitag	robert.w.breitag@aphis.usda.gov 608-444-3157	
10 Ed Walker	edward.walker@wi.gov 608-444-8736	
11 Bob Zaspel	robert.zaspel@wi.gov 608-444-4232	
12 Chris Jacobs	chris.jacobs@wi.gov 608-225-5718	
13 Melissa Cochran	melissa.cochran@wi.gov 715-577-5183	



Certificates of Veterinary Inspection

What you need to know about CVIs



Certificates of veterinary inspection, or CVIs, are documents that are vital to our ability to trace animals when there is an animal disease outbreak. You may have called them health certificates years ago. Today we call them by the new name to emphasize that veterinarians must inspect the animals before they sign their names to the certificates. CVIs must accompany livestock shipped into Wisconsin from other states in most cases. There are a few narrow exemptions that we will discuss here, along with explaining what information you need to provide and why.



**Wisconsin Department of Agriculture,
Trade and Consumer Protection**
Division of Animal Health
2811 Agriculture Drive
Madison, WI 53718-6777

Phone: 608-224-4872 Fax: 608-224-4871
DATCPanimals@wisconsin.gov
Website: datcp.wisconsin.gov

Wisconsin Department of Agriculture,
Trade and Consumer Protection
Division of Animal Health

1 **Consignor:** Name and address of the person or business selling the livestock.

2 **Consignee:** Name and address of the person or business receiving the livestock.

3 **Herd status:** Specific disease status of the herd where the livestock originated.

4 **Purpose of movement:** Examples would be “breeding”, “exhibit”, “sale”, etc. Be sure this information is accurate, because there may be exemptions from some requirements based on purpose.

5 **Shipment:** Required record-keeping for tracing animals when necessary.

6 **Official Identification:** List official identification numbers, unless exempted by state rule (ATCP 10). Acceptable identification forms:

- Official alpha-numeric metal tag
- Breed association registration tattoo
- Breed association registration number
- Unique registration freeze brand number
- For horses, official breed registration lip tattoo, written description, or drawing by veterinarian
- For swine under 80 pounds, premises registration number for premises where they originated.

7 **Breed/Sex/Age:** These details may affect requirements. For example, steers may not need official identification.

8 **Veterinarian Signature:** CVI must be signed to be valid.



ID Exemptions

ID Exemptions: Under ATCP 10, the rule that covers animal movements, you do not need a certificate of veterinary inspection in the following circumstances.

Bovine animals and swine that are:

- Imported to a federally approved market. Note that animals do need a CVI to leave the market except to go to slaughter or for veterinary treatment
- Imported and sent directly to slaughter
- Entering the state to receive veterinary treatment and return to their home state

Equine animals that are:

- Entering the state to receive veterinary treatment and return to their home state
- Imported for a trail ride, show or exhibition if ownership does not change, the animal does not stay more than seven days, the animal has had a negative equine infectious anemia test within the calendar year, and its state of origin allows the same exemption for Wisconsin horses

Sheep and goats that are:

- Imported directly to slaughter
- Entering the state to receive veterinary treatment and return to their home state

FAQs

Frequently asked questions

How long do I need to keep my copy of CVIs?
If your business is licensed or registered by the Department of Agriculture, Trade and Consumer Protection (deer and fish farms, and animal truckers, dealers and markets), you are required to retain all records, including CVIs, for five years.

Why should I review the CVI if I pay the veterinarian to fill it out?

If you are importing animals to Wisconsin, it is also your responsibility to be sure it is done in compliance with Wisconsin rules and statutes. If there are violations, both you and the veterinarian are legally liable.

What disciplinary action could I face if I import an animal illegally?

For a first offense, we usually quarantine the imported animals until you satisfy the import requirements, and issue a warning notice. For severe or repeated violations, we may pursue court charges and financial penalties. If we license or register you or your business, the license may be suspended or revoked.

What happens to the veterinarian who completes the CVI incorrectly?

We may impose penalties under Wisconsin animal health laws if the veterinarian is licensed in Wisconsin. We also report these violations to the U.S. Department of Agriculture’s Investigative Enforcement Service. The veterinarian may lose the federal accreditation that permits him or her to perform regulatory work and/or may face prosecution.

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**WISCONSIN INTERSTATE
CERTIFICATE OF VETERINARY INSPECTION**
(Also for Intra-state Cervid Movement)
Ch. ATCP 10, Wis. Admin. Code; Ch. 95, Wis. Stats. PLEASE PRINT LEGIBLY

SUBMIT ORIGINAL WITHIN 7 DAYS AFTER ISSUE TO:
Department of Agriculture, Trade and Consumer Protection
Division of Animal Health
P.O. Box 8911, Madison, WI 53708-8911
Phone: 608-224-4872 Fax: 608-224-4871

1 ORIGIN OF SHIPMENT: <input type="checkbox"/> Farm <input type="checkbox"/> Dealer <input type="checkbox"/> Other Name: _____		2 Consignee or Destination _____		IMPORT PERMIT NUMBER: _____	
Owner or Consignor _____		Reconsignee Name _____		RECONSIGNEE AT PUBLIC SALE	
Origin Street Address _____		Reconsignee Street Address _____		Destination Street Address _____	
Origin City / State / Zip _____		City / State / Zip _____		Premises Registration No. _____	
Owner Mailing Address / City / State / Zip (if different than above) _____		Destination Mailing Address / City / State / Zip (if different than above) _____		Veterinarian Signature _____	
Phone Number (_____) _____		Phone Number (_____) _____		Phone No. (_____) _____ Vet. Lic. No. _____	
Premises Registration Number _____		Premises Registration Number _____		Date veterinarian is in _____ (only if state of destination other movement requirements)	
3 HERD STATUS		4 SPECIES		5 SHIPMENT	
Disease _____ Herd Number _____ Date _____		<input type="checkbox"/> Cattle <input type="checkbox"/> Sheep <input type="checkbox"/> Other _____		Hauler Name (_____) _____	
Accredited TB Herd _____		<input type="checkbox"/> Camelid <input type="checkbox"/> Other _____		Hauler Address _____	
Qualified TB Herd _____		<input type="checkbox"/> Cervidae <input type="checkbox"/> Other _____		Hauler Phone Number _____	
Cervidae CWD Status _____		<input type="checkbox"/> Goat <input type="checkbox"/> Other _____		Destination Street Address _____	
Brucellosis Certified Herd _____		<input type="checkbox"/> Horse <input type="checkbox"/> Other _____		City / State / Zip _____	
6 OFFICIAL IDENTIFICATION		LABORATORY		TUBERCULOSIS	
Reg. Registration number, Breed tattoo, RFID _____		WVDL Madison <input type="checkbox"/> Barron <input type="checkbox"/> Other <input type="checkbox"/>		INDIVIDUAL ANIMAL TEST	
BREED _____ SEX _____ AGE _____ COV TATTOO _____		DATE INJECTED _____ TEST RESULT _____		DATE BLED _____ TEST RESULT _____	
1 _____		DATE BLED _____ TEST RESULT _____		EIA	
2 _____		DATE BLED _____ TEST RESULT _____		TYPE OF TEST: _____	
3 _____		DATE BLED _____ TEST RESULT _____		DATE BLED _____ TEST RESULT _____	
4 _____		DATE BLED _____ TEST RESULT _____		DATE BLED _____ TEST RESULT _____	
5 _____		DATE BLED _____ TEST RESULT _____		DATE BLED _____ TEST RESULT _____	
6 _____		DATE BLED _____ TEST RESULT _____		DATE BLED _____ TEST RESULT _____	
7 _____		DATE BLED _____ TEST RESULT _____		DATE BLED _____ TEST RESULT _____	
8 _____		DATE BLED _____ TEST RESULT _____		DATE BLED _____ TEST RESULT _____	
9 _____		DATE BLED _____ TEST RESULT _____		DATE BLED _____ TEST RESULT _____	
10 _____		DATE BLED _____ TEST RESULT _____		DATE BLED _____ TEST RESULT _____	
VETERINARIAN: I certify as a veterinarian, accredited and certified by the State of Wisconsin, that the described animal(s) have been inspected by me and that they are not showing any signs of infectious, contagious and/or communicable disease (except where noted). The vaccination status of the animal(s) is as indicated on this certificate. To the best of my knowledge, the animal(s) listed on this certificate meet the state of destination and Federal interstate requirements. No warranty is made or implied.		7 Accredited / Licensed Veterinarian Signature _____		Veterinarian's License Number _____	
OWNER / AGENT STATEMENT: I certify that this shipment is as listed on this certificate.		Address _____		Phone Number (_____) _____	
Owner / Agent Signature _____		Veterinarian's Printed Name _____		Date Inspected _____	
Date Certificate Issued _____		Address _____		Date Inspected _____	

Personal information you provide may be used for purposes other than that for which it was originally collected - sec. 15.04(1)(m), Wis. Stats. Equal Opportunity Employer

FORM DISTRIBUTION: WHITE (WI State Veterinarian), CANARY (State Veterinarian of destination), PINK (accompany shipment), GOLDENROD (retained by issuing veterinarian)