Top 9 Tips for Properly Completing a Certificate of Veterinary Inspection (CVI)

#1

The most important thing to remember is that the certificate of veterinary inspection (CVI) **MUST BE COMPLETED PROPERLY** in order to comply with state and federal rules. Failure to comply may result in extra costs incurred at the destination and disciplinary action for you as the veterinarian, your clients, and/or the destination. Call 608-224-4874 if you need assistance.

#2

Make sure to use the **CORRECT CVI FORM.** Different forms are used for large animal, small animal, deer, and equines. For international movement, use a federal CVI, NOT a Wisconsin form.

#3

STREET ADDRESSES OF THE ORIGIN AND DESTINATION PREMISES must be written on the CVI. Animals cannot be sent from or to Post Office Boxes.

#4

If required by state or federal law, animals shipped interstate must have **OFFICIAL INDIVIDUAL IDENTIFICATION**. Contact the state of destination regarding ID requirements. If you are unsure which type of ID is correct, please consult our Official Identification Reference Deck for assistance found at datcp.wi.gov.

#5

DISTRIBUTE FORMS PROPERLY to ensure timely processing of your paperwork.

#6

Federal regulations state that you have **7 DAYS TO SUBMIT COPIES OF THE CVI** to our department AND to the state of destination.

#7

A VALID PERMIT NUMBER may be required here. Call the state of destination for the requirements. Contact information is on the back of the CVI and at datcp.wi.gov/animals/animal_movement.

#8

States may require specific **TESTING OR QUARANTINE STATEMENTS**. Contact the state of destination. Make sure the correct testing has been done within the required time frame, and that all information required by the destination state is included on the CVI.

#9

According to federal rule, in general CVIs **MUST BE ISSUED WITHIN 10 DAYS OF THE EXAM** date and are current for 30 days from the exam date.

AH-IN-2 (rev 04/2014) Page _____ of _____ 35 -

WISCONSIN INTERSTATE CERTIFICATE OF VETERINARY INSPECTION
(Also for Intrastate 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

ORIGIN OF SHIPMENT: ☐ FARM ☐ DEALER ☐ MARKET / NAME: | SHIPMENT DATE:

OWNER OR CONSIGNOR	CONSIGNEE OR DESTINATION
ORIGIN STREET ADDRESS	DESTINATION STREET ADDRESS
ORIGIN CITY / STATE / ZIP	DESTINATION CITY / STATE / ZIP
OWNER MAILING ADDRESS / CITY / STATE / ZIP (IF DIFFERENT THAN ABOVE)	DESTINATION MAILING ADDRESS / CITY / STATE / ZIP (IF DIFFERENT THAN ABOVE)
PHONE NUMBER ( ) / PREMISES REGISTRATION NO.	PHONE NUMBER ( ) / PREMISES REGISTRATION NO.

IMPORT PERMIT NUMBER:

RECONSIGNEE AT PUBLIC SALE
RECONSIGNEE NAME
RECONSIGNEE STREET ADDRESS
CITY / STATE / ZIP | PREMISES REGISTRATION NO.
VETERINARIAN SIGNATURE
PHONE NO. ( ) | VET. LIC. NO.
(Sale veterinarian is responsible for meeting state of destination / other movement requirements)

HERD STATUS

DISEASE	HERD NUMBER	DATE
ACCREDITED TB HERD		
QUALIFIED TB HERD		
CERVIDAE CWD STATUS		
BRUCELLOSIS/OTHER:		

SPECIES
☐ CATTLE ☐ POULTRY
☐ CAMELID ☐ SHEEP
☐ CERVIDAE ☐ SWINE
☐ GOAT ☐ OTHER
☐ HORSE _____

NUMBER IN SHIPMENT:

PURPOSE OF MOVEMENT
☐ BREEDING ☐ EXHIBITION/COMPETITION
☐ FEEDING ☐ MEDICAL TREATMENT
☐ SALE ☐ SLAUGHTER
☐ TRAINING ☐ OTHER _____

HAULER INFORMATION (IF OTHER THAN CONSIGNEE)
HAULER NAME | HAULER LIC. NO.
HAULER ADDRESS
CITY / STATE / ZIP
HAULER PHONE NO. ( )

OFFICIAL IDENTIFICATION	Line No.	SECONDARY ID	LABORATORY (☐ WVDL Madison ☐ WVDL Barron ☐ Other: _____)				TUBERCULOSIS INDIVIDUAL ANIMAL TYPE OF TEST:		BRUCELLOSIS TYPE OF TEST: _____		EIA TYPE OF TEST: _____		PRRS		OTHER TEST TYPE OF TEST: _____	
RFID NUMBER, USDA EARTAG, AMERICAN ID TAG		TATTOO, PLASTIC TAG, DESCRIPTION, ETC.	BREED	SEX	AGE	OCV TATTOO	DATE INJECTED	TEST RESULT	DATE BLED	TEST RESULT	DATE BLED	TEST RESULT	DATE	TEST RESULT	DATE	TEST RESULT
	1															
	2															
	3															
	4															
	5															
	6															
	7															
	8															
	9															
	10															

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 vaccinations and results of tests are 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.

OWNER / AGENT STATEMENT: I certify the animal(s) in this shipment are as listed on this certificate.	ACCRED / LIC VETERINARIAN SIGNATURE	VETERINARIAN LIC. NO.	ADDRESS		DATE INSPECTED
OWNER / AGENT SIGNATURE	VETERINARIAN'S PRINTED NAME	FED. ACCRED. NO.	PHONE NUMBER ( )	EMAIL ADDRESS	DATE CVI ISSUED

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)

Growing Wisconsin LIVESTOCK

datcp.wi.gov