



# REQUEST FOR PASTURE TO PASTURE PERMIT (WAC 16-86-017)

Washington State Department of Agriculture  
Animal Services Division  
PO Box 42577  
Olympia WA 98504-2577  
(360) 902-1878  
FAX (360) 902-2087

I hereby request permission for pasture-to-pasture movement of the following described cattle into the state of \_\_\_\_\_:  
My cattle are (check one):  Beef  Dairy  Mixed

NUMBER OF ADULT FEMALES	NUMBER OF ADULT BULLS	NUMBER OF CALVES	NUMBER OF STEERS	NUMBER OF HEIFERS

Are my females official *Brucellosis* calfhood vaccinates?  Yes  No

Have all bulls in this herd been tested for *Trichomoniasis* with the last 12 months?  Yes  No

If yes, all bulls require 1 negative rtPCR test. Attach copy of test results.

Is my brand on all animals (excluding calves at mother's side)?  Yes  No

My brand number:

Location of my brand: \_\_\_\_\_

In the space provided below, I describe the premises my cattle are moving from and to—I understand I am *required* to give an accurate description of location, mailing address and telephone number of the responsible person at each end of the movement.

CATTLE MOVEMENT ORIGINATES FROM	DESTINATION OF CATTLE
NAME OF OWNER OR MANAGER AT POINT OF ORIGIN	NAME OF OWNER OR MANAGER AT POINT OF DESTINATION
NAME OF RANCH	NAME OF RANCH MOVEMENT DESTINED FOR
MOVEMENT ORIGIN PHYSICAL ADDRESS (OR GPS COORDINATES)	MOVEMENT DESTINATION PHYSICAL ADDRESS (OR GPS COORDINATES)
ORIGIN CITY, STATE, ZIP	DESTINATION CITY, STATE, ZIP
ORIGIN MAILING ADDRESS, CITY STATE, ZIP	DESTINATION MAILING ADDRESS, CITY, STATE, ZIP
ORIGIN TELEPHONE NUMBER (INCLUDE AREA CODE)	DESTINATION TELEPHONE NUMBER (INCLUDE AREA CODE)

I request this permit for the following period of time to move my cattle (not to exceed six months):

PERMIT START DATE (MONTH, DAY, YEAR)	PERMIT EXPIRATION DATE (MONTH, DAY, YEAR)

**I understand that this permit is valid for one pasture-to-pasture movement only**, and that this permit is restricted to the cattle, time period, and premises I have described above.

I have **initialed** each of the statements below showing that I have read, understand and agree to the following:

- \_\_\_ There is to be no movement or diversion of cattle from the premises I have described without prior notification of the state veterinarian in the state of destination.
- \_\_\_ The only movement ordinarily permitted is for these cattle to return to the state of origin.
- \_\_\_ Any unauthorized diversion of cattle or erroneous information on this application may result in denial or revocation of this pasture-to-pasture permit.
- \_\_\_ The director of agriculture or his/her authorized representative may order quarantine, tests or inspections of my cattle as appropriate to protect Washington State livestock from contagious disease.
- \_\_\_ My request for permit should be submitted for approval at least 15 days prior to anticipated movement.
- \_\_\_ The cattle described herein are from a breeding herd, which has been established more than six months and are moving for grazing purposes without change of ownership.
- \_\_\_ This agreement may be changed if the risk of disease changes.

- \_\_\_ I will account for all animals on this agreement. \_\_\_ Cattle must return within 6 months.
- \_\_\_ All Cattle have official identification. \_\_\_ No trader cattle or recently assembled cattle are in the animals moving.
- \_\_\_ All female cattle over four months of age are or will be officially vaccinated for brucellosis as evidenced by a legible official brucellosis tattoo in their right ear.
- \_\_\_ For movement to Oregon, a brand certificate and an import permit are required for all cattle within 15 days of entering and must accompany each load.
- \_\_\_ For movement to Idaho, a certificate of veterinary inspection and a brand certificate, in addition to the valid permit, are required for all cattle within the 30 days prior to entering and must accompany each load or part of a shipment of cattle.
- \_\_\_ Failure to comply with any provisions of this agreement may result in revocation of the permit and/or loss of any future pasture-to-pasture permits and/or fines.

I have been moving my cattle pasture-to-pasture from and to the described premises for \_\_\_\_\_ years,  
(NUMBER)  
 and my last permit was in \_\_\_\_\_.  
(YEAR)

Are the premises described above securely fenced?  Yes  No      My cattle will be commingling with others' cattle:  Yes  No  
 If yes, my cattle are commingling with cattle belonging to: \_\_\_\_\_

The veterinarian who ordinarily does my work is: \_\_\_\_\_ His phone number is: \_\_\_\_\_  
(VETERINARIAN NAME)

**I hereby certify that the cattle to graze are from an established breeding herd and have not been assembled within the past six months. I understand that no trader cattle are permitted.**

SIGNATURE OF OWNER/APPLICANT	DATE SIGNED

This completed form along with approval by the state veterinarian of the state of origin/destination will constitute state permission for the pasturing and return of described cattle to the state of origin. A copy of the completed form will be forwarded to the owner/applicant.

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(OFFICE USE ONLY BELOW DASHED LINE)

## PERMIT APPROVAL

OFFICIAL OF STATE OF ORIGIN		
I recommend that a permit be: <input type="checkbox"/> Granted <input type="checkbox"/> Not granted		
SIGNATURE OF STATE OFFICIAL	TITLE OF STATE OFFICIAL	
DATE RECOMMENDATION MADE	RETURN PERMIT NUMBER	VALID UNTIL (DATE)

OFFICIAL OF STATE OF DESTINATION	
I hereby approve your application for movement of the cattle as specified in your application upon the recommendation of your state veterinarian.	
SIGNATURE OF STATE OFFICIAL	TITLE OF STATE OFFICIAL
DATE APPROVED	PERMIT NUMBER
OTHER CONDITIONS OF MOVEMENT	