

Animal Services Division PO Box 42577 • Olympia WA 98504-2577 Phone: (360) 902-1878 • Fax: (360) 902-2087 ahealth@agr.wa.gov

Official Temporary Grazing Permit (also known as pasture to pasture)

(WAC 16-86-017 WAC 16-54-088)

I hereby request permission for movement of the following described cattle into the state of:

My cattle are (check one): Beef Dairy* Mixed*				
Number of Cow-Calf Pairs	Number of Bulls	Number of Cows	Number of Yearling Steers	Number of Yearling Heifers
			-	_
		Open Pregnant		
•		alfhood vaccinates with Trichomoniasis with the		

If yes, all bulls require 1 negative rtPCR test. Attach copy of test results. 3. Is my Washington recorded brand on all animals? Yes No

*To avoid additional inspection fees all calves must be branded or have RFID.

Location of my brand:

Depiction of my brand:

Brand Number:

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	Origin State	Origin Zip Code	Destination City	Destination State	Destination Zip Code
Origin Mailing Address, City State, Zip		Destination Mailing Address, City, State, Zip			
Origin Phone Number	gin Phone Number Origin Email Address		Destination Phone No.	Destination Email Address	

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)

Conditions of Agreement

I understand that this permit is valid for one 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 and approval 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 official temporary grazing permit.

The director of agriculture or his/her authorized representative r			
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 l			
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.			
No trader cattle or recently assembled cattle are in the animals n	noving.		
All female cattle over four months of age are or will be officially v			
legible official brucellosis tattoo in their right ear.	,		
For movement to Oregon, a brand certificate is required for all ca accompany each load.	attle within 15 days for entering and must		
For movement to Idaho, a certificate of veterinary inspection and permit, are required for all cattle within the 30 days prior to ente shipment of cattle.			
Failure to comply with any provisions of this agreement may resu	It in revocation of the permit and /or loss of		
any future official temporary grazing permits and /or fines.			
I have been moving my cattle on a temporary grazing permit for	years, and my last permit was in		
Are the premises described above securely fenced? Yes Number	Year		
Are the premises described above securely fenced? Yes No My cattle will be commingling with others' cattle: Yes No			
	(A 088 (a)		
If yes, my cattle are commingling with cattle belonging to: *WAC 16-5			
The veterinarian who ordinarily does my work is:	Their phone number:		
I hereby certify that the cattle to graze are from an established breeding the past six months. I understand that no trader cattle are permitted.	g herd and have not been assembled within		
Signature of Owner/Applicant	Date Signed		
This completed form along with approval by the state veterinarian of the state of ori pasturing and return of described cattle to the state of origin. A copy of the complete cattle is the state of origin.			
Permit Approval Office Use	e Only Below		
Official of State Origin			
I recommend that a permit be: 🗌 Granted 🗌 Not granted			

	State Origin	
I recommend that a permit be: 🗌 Granted 🗌 Not grant	ted	
Signature of State Official	Title of State Official	
Date Recommendation Made	Return Permit Number	Valid Until (Date)
Official of State 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 Recommendation Made	Permit Number	
Other Conditions of Movement	·	

Official Temporary Grazing Permit Checklist
State of destination is noted.
Total number of cattle (cow-calf pairs, bulls, yearling steers, yearling heifers) is filled out.
If moving dairy or mixed cattle, please include a signed owner statement for virgin bulls. Make sure all cattle are officially identified. If you are sending adult dairy or mixed cows, or mature bulls, please contact the Animal Health Program at (360) 902-1878 to discuss other possible testing requirements before movement.
Females are marked as official Brucellosis calfhood vaccinates.
Current Trichomoniasis PCR test chart is attached.
 Note: If no bulls are traveling but there are open cows without calves Trich test will still be required.
All brand information (location of brand, brand number, drawing of brand) is filled out.
Origin and Destination information is complete and accurate.
 Note: This must be a complete physical address and/or GPS coordinates.
Permit start date and end date can total no more than 6 months.
All Conditions of Agreement are initialed.
Marked if cattle are comingling with other cattle
 Note: WAC 16-54-088 (e) states "If cattle have been commingled with other herds or additional cattle have been added to the original grazing herd, they must have a Certificate of Veterinary Inspection and entry permit in order to return to Washington".
Owner/Applicant has signed.
Permit is being submitted at least 15 days prior to anticipated movement of animals.

Incomplete applications will cause the permit approval process to be delayed and may result in denial of official temporary grazing permit.