

DATE OF SHIPMENT: 1/17/2017 NUMBER IN SHIPMENT: 3 PERMIT NUMBER: N/A
 CERTIFICATE OF VETERINARY INSPECTION
 COLORADO NO. 84-N-846179

CONSIGNOR: NAME: Pen of 3
 PHYSICAL ADDRESS: Bull Calves
 ORIGIN ADDRESS: (IF NOT THE SAME)
 CONSIGNEE: NAME: STSS NUSS YARDS
 PHYSICAL ADDRESS: NATIONAL WESTERN DRIVE
 DESTINATION ADDRESS: DENVER CO 80031
 (IF NOT THE SAME)
 CONSIGNEE PREMISES ID#
 PHONE # (303) 292-2833

RECONSIGNEE TO: NAME: _____
 PHYSICAL ADDRESS: _____
 PHONE # _____
 IF RECONSIGNEE, CERTIFICATE MUST BE COUNTERSIGNED BY AN ACCREDITED VETERINARIAN
 Accredited Veterinarian Signature: _____

SPECIES: BEEF CATTLE HORSES DAIRY CATTLE SHEEP GOATS SWINE OTHER: Bison
 ORIGIN OF SHIPMENT: COUNTY: Larimer
 AREA STATUS: TUBERCULOSIS FREE MODIFIED ACCREDITED ADVANCED MODIFIED ACCREDITED
 BRUCELLOSIS: FREE CLASS "A" OTHER
 HERD OR FLOCK STATUS: ACCREDITED NO. _____ QUALIFYING TEST DATES: 1ST TEST _____ 2ND TEST _____
 CARRIER: TRUCK OTHER: _____
 NAME: _____ ADDRESS: _____

INDIVIDUAL ANIMAL IDENTIFICATION AND TESTS

LINE NO.	PERMANENT IDENTIFICATION EAR TAG NO., TATTOO, ELECTRONIC ID, OR OTHER ID	REGISTRY NAME AND NUMBER OR DESCRIPTION ALL ANIMALS PRESENTED FOR TEST MUST BE LISTED	AGE	SEX	BREED	TUBERCULOSIS		BRUCELLOSIS		OTHER TESTS:
						CAUDAL FOLD TEST INJECTION DATE	LAB DATE	TEST RESULTS	TEST INTERP.	
1	STSS yellow 2A/P8	845WV9382	8 mo	M	Bison	12-19-2016	12-21-2016	RMBAHL	NEG	BVD PI 12-21-2016
2	STSS yellow 52B/P18	845WV9378	8 mo	M	Bison	12-22-2017	12-21-2016	RMBAHL	NEG	NEGATIVE A 5604762
3	STSS yellow 52C/P19	845WV9379	8 mo	M	Bison	12-22-2017	12-21-2016	RMBAHL	NEG	NEGATIVE A 5604762
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5										
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VETERINARY CERTIFICATION
 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 as noted). The vaccination 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 inspection requirements. No further veterinary treatment is made or implied.

ACCREDITED VETERINARIAN SIGNATURE: Robert G Mortimer
 VETERINARIAN'S PRINTED NAME: Robert G Mortimer
 LICENSE # 3380
 DATE 1/11/2017
 ADDRESS: 4750 W. CO R 22 PO Box 557 Laporte CO 80535
 PHONE NUMBER: 970 817 0951
 PREMISES ID # _____
 OWNER/AGENT STATEMENT: (If applicable)
 The animals in this shipment are those certified to and listed on this certificate.
 OWNER/AGENT SIGNATURE: _____
 DATE: 1/11/2017
 ADDRESS: 3700 E. CO R 22 Wellington, CO 80579
 STATE CERTIFICATION



WHITE - MAIL TO COLORADO DEPARTMENT OF AGRICULTURE



Wyoming Livestock Board
1934 Wyo. Dmv
Cheyenne WY 82002-
County

CERTIFICATE OF VETERINARY INSPECTION
Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM

78 A-E

CERTIFICATE NUMBER

17-WY-941283

INSPECTION DATE	ISSUE DATE	ENTRY PERMIT #	BRAND INSPECTION NUMBER & ISSUE DATE
2017-01-13	2017-01-17	IP00M0K2	

Pen of Five Yearling Heifers

DESTINATION OF SHIPMENT
Gold Trophy Show and Sale
4655 Humboldt Street
Denver CO 80216
303-297-1166

CONSIGNEE, NEW OWNER OF SHIPMENT
Gold Trophy Show and Sale
4655 Humboldt Street
Denver CO 80216
303-297-1166

Species - Number in Shipment Bovine (Bison) - 5 animals	Purposes(s) or movement Sale	Carrier Type Truck/Trailer	Hard Status Number	Hard Free For	Current State/Area Status Tuberculosis-Free, Brucellosis-Free, Pseudorabies-Free
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Remarks/Additional Certification Statements
Aged By Moulting. All baby teeth 1/9/2017 | Previously installed permanent RFID by veterinarian 840003129604058, 840003129604077, 840003129604012, 840003129604074, 840003129604030 on 3/22/2016 | Pregnancy Examination 1-9-2017 Open
Shipping Date: 2017-01-17

Official ID Types: Ranch Dangle, AIN (840) Tag | IDs: 73A White 73C White 73D White 73E White 73B White, 840003129604058 840003129604077 840003129604012 840003129604074 840003129604030

Test Name	Type	Lab Name	Test Date	Accession #	Result
Tuberculosis	Caudal Fold	Ulma Veterinary Hospital	2017-01-09		Negative
Ultrasound Pregnancy Examination	Ultrasound	Ulma Veterinary Hospital	2017-01-09		Open
Brucellosis	RAP (Rapid automated presumptive test)	Wyoming State Veterinary Laboratory 1174 Snowy Range Road Laramie, WY 82070	2017-01-09	17-400	Negative
BVD PI	ELISA	Wyoming State Veterinary Laboratory 1174 Snowy Range Road Laramie, WY 82070	2017-01-09	17-400	Negative

Internal Parasite	Ivomec Plus Injectable	2017-01-12	1ml per 110 pounds
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Brucellosis	RB-51	PBS	2975	2016-03-22	2018-11-16	RV6
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Wyoming Livestock Board
1934 WyoTel Drive
Cheyenne WY 82002

CERTIFICATE OF VETERINARY INSPECTION
Contact State of Destination for Movement Requirements and Certificate Validity
FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM

INSPECTION DATE	ISSUE DATE	ENTRY PERMIT #	BRAND INSPECTION NUMBER & ISSUE DATE
2017-01-13	2017-01-17	IP00MOK2	17-WY-941273

Yearling Bull

DESTINATION OF SHIPMENT
Gold Trophy Show and Sale
4655 Humboldt Street
Denver CO 80216
303-297-1166

CONSIGNEE, NEW OWNER OF SHIPMENT
Gold Trophy Show and Sale
4655 Humboldt Street
Denver CO 80216
303-297-1166

Species - Number In Shipment: **Bison - 1 animals**

Purpose(s) of Movement: **Show/Exhibition**

Carrier Type: **Truck/Trailer**

Herd Status Number: _____

Hard Free For: _____

Current State/Area Status: **Tuberculosis-Free, Brucellosis-Free, Pseudorabies-Free**

Remarks/Additional Certification Statements:
Breeding Soundness Exam Passed see attached form. | Aged By Moulting. All baby teeth 1/9/17
Shipping Date: 2017-01-17

Official ID Types: Ranch dangle, NUES Tag | IDs: 121 Yellow, 83ALD4062

TEST TYPE	TEST	LABORATORY	DATE	RESULT
Trichomonas	PCR (Polymerase chain reaction)	Utah Veterinary Diagnostic Laboratory 950 East 1400 North Logan, UT 84341	2017-01-09	17-L168 Negative
Bull Soundness Evaluation	Electrocaulation	Uinta Veterinary Hospital	2017-01-09	Pass
Tuberculosis	Caudal Fold	Uinta Veterinary Hospital	2017-01-09	Negative
Brucellosis	RAP (Rapid automated presumptive test)	Wyoming State Veterinary Laboratory 1174 Snowy Range Road Laramie, WY 82070	2017-01-09	17-400 Negative
BVD PI	ELISA	Wyoming State Veterinary Laboratory 1174 Snowy Range Road Laramie, WY 82070	2017-01-09	17-400 2017-01-17 Negative
Internal Parasite	Ivomec Plus Injectable 1 ml/110 Pounds		2017-01-12	



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Name of Caregiver: **Denver Stock Shows**
 Physical Address: **4655 Humboldt St.**
 City, State, Zip: **Denver Co 80206**
 Phone: _____ Date: _____

Entry Permit No. **17DOL-NEA**
 Brand Inspection No. _____
 Caretaker Name and Address: _____

Species: Cattle Horses Sheep Swine
 Heifer Other **Butterfly**

Number of Animals Shipped: **1**
 ORIGIN OF SHIPMENT: County **Jefferson** Market _____
 Area Status: TB Free TB Mod. Accord. Brucellosis Free Brucellosis A

Hard or Flock Status: Accredited Herd Certified Herd Validated Herd Other _____
 No. _____ No. _____ No. _____

QUAL. HERD TEST DATES: 1. _____ For _____
 2. _____
 3. _____
 Date and Product: _____

INDIVIDUAL ANIMAL IDENTIFICATION AND TEST DATA

OFFICIAL PERMANENT INDIVIDUAL IDENTIFICATION AND DESCRIPTION

Heifer calf

AGE: _____ SEX: _____ BREED: _____

TUBERCULIN TEST (INTRADERMAL):
 Date: **1-10-17** Time: **11:30am**
 Date: **1-13-17** Time: **11:30am**

BRUCELLOSIS: Date: _____ Lab. (Name and Address): _____
 TEST: CARD PLATE RIV CF RESULTS: _____

OTHER TESTS:
 Test For: **RVD** Test For: _____
 Lab: **TD St. 46** Lab: _____
 Date: **1-10-17** Date: _____
 Accession No. **17-4111** Accession No. _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
12	82 VDH 8139	7m Butte																		
Devoted with injectable Trimer 1-10-17																				

VETERINARY CERTIFICATION
 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, or other communicable disease, except where noted. The vaccinations and results of tests are as indicated on the certificate. All further markings, the animals listed on the certificate must be done in accordance with the rules and regulations of the State. My further markings are indicated by the following:

Signature: **George Markle** Date: **1-13-17**
 License #: **V3817**

OWNER/AGENT STATEMENT (Where applicable):
 "The animals in this shipment are those certified to and listed on this certificate."
 Date: _____ Owner/Agent: _____ Address: _____

State Verification: _____