

# Use of Electronic Certificate of Veterinary Health Inspection at Livestock Auction Markets – a Practitioner's Point of View

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# Uniform CVI

- Harmonizing information fields on CVI
- Unifying the CVI format
  - Accomplished through efforts of National Assembly of State Animal Health Officials and AVMA
  - 2½ year effort
- Can be used in electronic format with forthcoming CVI systems to provide unprecedented state managed data systems



# Current Hand Written CVI



CERTIFICATE OF VETERINARY INSPECTION  
 WYOMING LIVESTOCK BOARD (307) 777-7515  
 2020 CAREY AVENUE, 4TH FLR.  
 CHEYENNE, WY 82002-0051

*Rough Rider*

No. OOH-83-277994

THIS CERTIFICATE IS VALID FOR 30 DAYS

1. Name of Consignor/Owner/Origin <i>Steel Roping</i>		4. Name of Consignee/Destination <i>Dickinson Rodes Area</i>		7. Brand Inspection Number		10. PERMIT NO. <i>NR-2009-205</i>	
2. Address <i>Box 549</i>		5. Address		8. Carrier Name <i>By Consignor</i>		11. Date Inspected <i>6-26-09</i>	
3. Origin Address (if Different From Above) <i>Sundance WY 82729</i>		6. Destination Address (if Different From Above) <i>Dickinson ND</i>		9. Address			
12. Species <input checked="" type="checkbox"/> Bovine <input type="checkbox"/> Equine <input type="checkbox"/> Ovine <input type="checkbox"/> Swine		13. Number of Animals Shipped <i>35</i>		14. ORIGIN OF SHIPMENT Market/County <i>Brook</i>		15. Purpose of Movement <input type="checkbox"/> Breeding <input type="checkbox"/> Feeding/Grazing <input type="checkbox"/> Show <input checked="" type="checkbox"/> Slaughter <input type="checkbox"/> Other	
		16. Area Status <input type="checkbox"/> TB Free <input type="checkbox"/> TB Mod. Accred. <input type="checkbox"/> Brucellosis Free <input type="checkbox"/> PRV Free <input type="checkbox"/> Other		17. Herd or Flock Status <input type="checkbox"/> Accredited Herd No. _____ <input type="checkbox"/> Certified Herd No. _____ <input type="checkbox"/> Valuated Herd No. _____ <input type="checkbox"/> Qualified Herd No. _____ <input type="checkbox"/> Other		18. HERD TEST DATES 1. _____ 2. _____ 3. _____	
				19. VACCINATION and/or TREATMENT For _____ Date and Product _____			

LINE #	20. INDIVIDUAL ANIMAL IDENTIFICATION AND TEST DATA				TUBERCULIN TEST (INTRADERMAL)		BRUCELLOSIS		BRUC. VACC. TATTOO SYMBOL	OTHER TESTS/COMMENTS			
	EAR TAG NO. OR OTHER OFFICIAL ID/ DESCRIPTION	AGE	BREED	SEX	Date	Hour	Date	Hour		Lab (Name and Address)	TEST DONE	TEST RESULTS	For
1	410 AEF 5151, 5162, 5153, 5145, 5147, 5163, 5152												
2	416 AEF 8436, 5146												
3													
4	83 AJW 7226, 7294, 7201, 7240, 7221, 7251, 7293, 7242, 7269, 7213, 7291, 7300, 7207, 820												
5													
6	46 ADX 4129, 4132, 4135, 4121, 4133, 4137, 4130, 4134												
7													
8	73 BRR 4320, 4338, 4334, 4310												
9													
10													
11	<i>35 head longhorn x yearling roping steers</i>										<i>USDA Tags</i>		
12													
13													
14	<i>No</i>												
15	<i>Red Branded Cattle</i>												

23. Official Use Only  
 The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.  
**AUG 03 2009**

22. OWNER/AGENT STATEMENT -  
 The animals in this shipment are those certified and listed on the certificate.

Date: \_\_\_\_\_ Signature of Owner/Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_

21. 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 where noted). The vaccinations 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 interstate requirements. No further warranty is made or implied.

Date: *6-26-09* Signature of Accredited Veterinarian: \_\_\_\_\_ Vet. License: *568*  
 Address: *P.O. Box 767 Sundance WY*

# New Electronic CVI



## CERTIFICATE OF VETERINARY INSPECTION

CERTIFICATE NUMBER

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

41-abc123-07313811230

INSPECTION DATE: 12-25		ISSUE DATE: 12-30		ENTRY PERMIT #: mn123		BRAND INSPECTION FORM #: mn456		BRAND INSPECTION ISSUE DATE: 12-30						
NAME ORIGIN OF SHIPMENT KURT KRIM			PHONE # 3205555555			NAME DESTINATION OF SHIPMENT DONNA KRIM			PHONE # 3205555555					
PHYSICAL ADDRESS 716 20TH AVE NORTH			PREMISE I.D. 123456			PHYSICAL ADDRESS 416 21ST ST SOUTH			PREMISE I.D. 1654					
CITY SARTELL			STATE MN			ZIP 56377			COUNTY STEARNS					
CITY SARTELL			STATE MN			ZIP 55555			COUNTY STEARNS					
NAME CONSIGNOR PRESENT OWNER OF SHIPMENT KURT KRIM			Same as above - <input checked="" type="checkbox"/>			NAME CONSIGNEE "NEW OWNER" OF SHIPMENT DONNA KRIM			Same as above - <input checked="" type="checkbox"/>					
PHYSICAL ADDRESS 716 20TH AVE NORTH			PHYSICAL ADDRESS 416 21ST ST SOUTH			Origin of Shipment GPS Coordinates Latitude +45.9888999 Longitude -68.09899								
CITY SARTELL			STATE MN			ZIP 56377			COUNTY STEARNS					
CITY SARTELL			STATE MN			ZIP 55555			COUNTY STEARNS					
Species / Number in Shipment			Purposes(s) of Movement (check all that apply)			Intra-state			Carrier					
<input type="checkbox"/> Beef Cattle # 0 <input type="checkbox"/> Dairy Cattle # 0 <input type="checkbox"/> Horses # 0 <input type="checkbox"/> Sheep # 0 <input type="checkbox"/> Goats # 0 <input checked="" type="checkbox"/> Poultry # 50			<input type="checkbox"/> Show <input type="checkbox"/> Pet <input type="checkbox"/> Training <input type="checkbox"/> Race <input type="checkbox"/> Breeding <input type="checkbox"/> Slaughter <input checked="" type="checkbox"/> Rodeo <input type="checkbox"/> Feeding <input type="checkbox"/> Medical Treatment <input type="checkbox"/> Sale <input type="checkbox"/> Grazing <input type="checkbox"/> Other (specify below)			<input type="checkbox"/> Air <input type="checkbox"/> Truck <input type="checkbox"/> Mail <input checked="" type="checkbox"/> Boat <input type="checkbox"/> Rail <input type="checkbox"/> Car <input checked="" type="checkbox"/> Inter-state <input type="checkbox"/> Other			Flock / Herd Free For <input type="checkbox"/> TB Free <input type="checkbox"/> John's <input type="checkbox"/> NPIP <input type="checkbox"/> Bruc. <input type="checkbox"/> Scrapie <input type="checkbox"/> PRV <input type="checkbox"/> Trich <input type="checkbox"/> EIA <input checked="" type="checkbox"/> Other			Current State / Area Status Tuberculosis <input type="checkbox"/> Free <input type="checkbox"/> MAA <input type="checkbox"/> MA Brucellosis <input type="checkbox"/> Free <input type="checkbox"/> Class A <input type="checkbox"/> PRV Free <input checked="" type="checkbox"/> Other		

**VETERINARY CERTIFICATION STATEMENTS:**

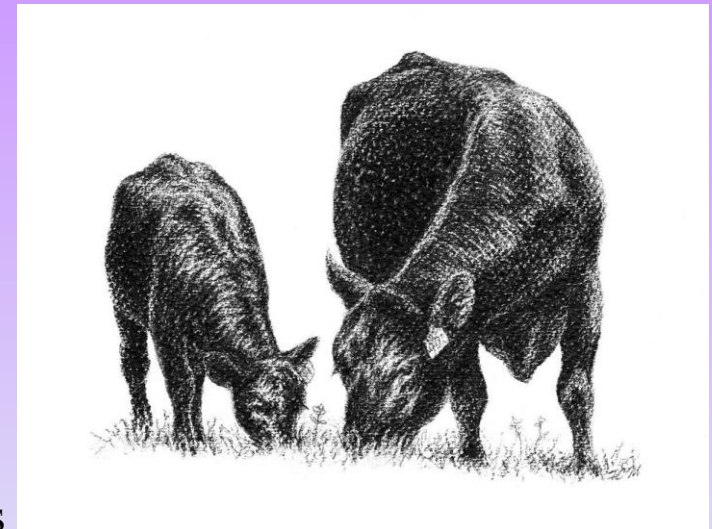
LINE #	OFFICIAL/FEDERAL EAR TAG # REGISTRATION TATTOO OR OTHER PERMANENT IDENTIFICATION <small>*** You may place up to three unique animal identifiers with a comma between each entry or enter lot or herd information***</small>	AGE	BREED	SEX	Bruc. Vacc. Status/Tattoo	IMPORT REQUIRED TESTS AND RESULTS <small>Contact State of Destination for Requirements</small>					TEMPERATURE (If Required) VACCINATION AND/OR TREATMENT <small>Please list Date, Product, and Reason for Vaccination/Treatment</small>
						Date	Test	Accession #	Results +/-	Lab	
1	840003003467590,454545	5Y	AN	F	bruc free	12/27/20	bruc test	321654	Neg	Big Lab testi	none
2	840003003467693,45VXL6630,464646	5Y	AN	F	N	12/27/20	bruc test	321655	Neg	Big Lab testi	none
3	840003003467614,474747	5Y	AN	F	N	12/27/20	bruc test	321656	Neg	Big Lab testi	none
4	840003003467753,45VXL6645,484848	5Y	AN	F	N	12/27/20	bruc test	321657	Neg	Big Lab testi	none
5	840003003467556,494949	5Y	AN	F	N	12/27/20	bruc test	321658	Neg	Big Lab testi	none
6	840003003467552,505050	5Y	AN	F	N	12/27/20	bruc test	321659	Neg	Big Lab testi	none
7	840003003467657,515151	5Y	AN	F	N	12/27/20	bruc test	321660	Neg	Big Lab testi	none
8	840003003467639,525252	5Y	AN	F	N	12/27/20	bruc test	321661	Neg	Big Lab testi	none

OWNER/AGENT STATEMENT "The animals in this shipment are those certified to and listed on this certificate."  SIGNATURE _____ DATE 12-30	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 where noted). The vaccinations and results of tests are indicated on the certificate. To the best of my knowledge, the animals listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.  SIGNATURE _____ DATE 12-30	OFFICIAL OFFICE USE ONLY	
		NAME Kurt Krim PHONE 320-656-1261 E-MAIL kdkrim@hotmail.co USDA ACCR. # 123456	ADDRESS 716 20th ave north CITY Sartell STATE MN ZIP 56377 STATE OF LICENSE MN LICENSE # abc123

**OFFICIAL USE ONLY**  
 The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.

# Use of e-CVI and Electronic Data Capture at Markets

- Benefits:
  - Legibility, accuracy, consistent, uniform
  - Speed of commerce
  - Ease of completing information fields on CVI
  - Real-time certificate submission and receiving
  - Individual ID recorded on CVI (when applicable)
  - Immediate search look up on all fields of data including partial fields
  - Auto forwarding to destination state
- Challenges/Requirements/Goals:
  - Data capture
    - New systems drive consistency not required or available with paper systems
  - User education
  - Industry acceptance
  - Connectivity – not required on mobile offline systems
  - Easy interaction with state and federal systems



# e-CVI Practical Application – What is Necessary?

- User friendly/simple at a veterinary practice level
- Cost effective/affordable
- Integration capability with state/federal systems
- Commercial competition to provide best product/s
- Seamless interface with states and federal systems and other CVI systems
- State owned, but Federally compliant
- Offline
- Works with other data collection systems like auction check-in including brands (in the Western states)



# Who are the Players?

- State animal health officials
  - Data (Brand and CVI) is collected, owned, and managed by the state
  - Compliant with existing and future reporting rules
  - NOT reliant on federal databases to store and retrieve individual inspection and/or animal data in case of a disease trace back
- Commercial interests:
  - Fort Supply Technologies\*
  - Global Vet Link\*
  - USA Herds\*
  - VetSentry\*
  - TriShulla Technology
  - Age and Source Verification Programs\*
  - Global Animal Management\*
  - Tracefirst/CoreOne
  - Others
- USDA-APHIS-VS
  - VSPS/CoreOne

\*Collaborating to insure data moves between systems