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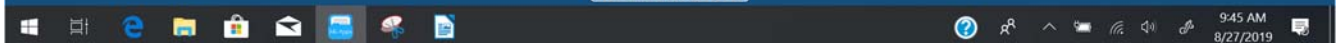
NEBRASKA CVI

Authentication Code

6 Digit Federal Accreditation  
Number

Start

AUTHENTICATION



Health Certificate Number: 47-100000-082719-0947 Permit Number: GP-2019-4522

Date Of Inspection: 08/20/2019 Issued Date: 08/22/2019 Date Shipped: 08/29/2019

Populated Drop Down List For Consignors

Owner / Consignor

Owner Name: Tom Dozler

Address: 12345 Brainard Rd

City: David City State: NE Zip: 68632

Owner Phone: (402)471-2351 Premises ID Number: [Empty]

PHYSICAL ORIGIN

Navigation Tabs to Move Throughout the Health Certificate

Navigation bar: NE ECVI CONSIGNOR INFORMATION

LOCATION ANIMALS LOAD OUT FROM NO PO BOX or SUITE NUMBERS. This may or may not be the same as consignator information but it must be the location the animals ship from.

Origin Same As Consignor?

Yes

Same as Button or Drop Down List

Available Origins: Select an option

Name: Tom Dozler

Address: 12345 Brainard Rd

City: David City State: NE ZIP: 68632

CONSIGNEE INFORMATION

Navigation bar: PHYSICAL ORIGIN

CONSIGNEE/BUYER/AGENT/DEALER INFORMATION

Consignee / Owner / Agent Name  
This is not the destination information, provide the business contact information on the entity buying or facilitating the procurement of animals  
Charles Hubenka

Business Address  
1846 CTY Rd X

City Anchorage State AK Zip 99509

Consignee Phone (907)256-1232 Premises ID

Same Concept for Consignee Page. Drop Down Lists or Manual Enter

PHYSICAL DESTINATION

PHYSICAL DESTINATION OF ANIMALS  
NO PO BOX or SUITE NUMBERS This may or may not be the same as consignee information but it must be the location the animals ship to.

Destination Same As Consignee?  Yes

Available Destinations  
Select an option

Name  
Charles Hubenka

Address  
1846 CTY Rd X

City Anchorage State AK Zip 99509

Physical Destination of the Animals. Same as Consignee Button or Drop Down Lists.

IDENTIFICATION & DESCRIPTION

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Animals  
Tap here to see list (0 items)

### SHIPMENT INFORMATION

Species Shipped

BEEF                       DAIRY                       SWINE  
 EQUINE                       SHEEP                       GOAT  
 POULTRY                       OTHER

If Other, describe here:

Purpose of Movement: Select an option

Number of Animals: \_\_\_\_\_

Age of Animal(s)

0 to 2M                       2M to 6M  
 6M to 18M                       Over 18 Months

Breed: \_\_\_\_\_

Sex

Female                       Male                       Neutered                       Mixed

Animal(s) Description

IDENTIFICATION & DESCRIPTION

Grid After You Have Added Animals

Animal Information Page

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Purpose of Movement: Select an option

Number of Animals: \_\_\_\_\_

Age of Animal(s)

0 to 2M                       2M to 6M  
 6M to 18M                       Over 18 Months

Breed: \_\_\_\_\_

Sex

Female                       Male                       Neutered                       Mixed

Animal(s) Description

ID is required for all Dairy, all rodeo or exhibition movement, and all sexually intact cattle over 18 months of age. ONLY 1 ID PER LINE. For large numbers of ID an attachment with the tag list, and ICVI number on each sheet is acceptable.

\_\_\_\_\_

Show Test Section

Add Animal                      Edit Animal

Done Adding

SPECIAL STATEMENTS

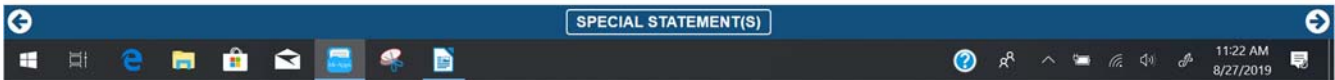
IDENTIFICATION & DESCRIPTION

Select species and purpose of movement. Add your head count and age. You can list breed and sex and if you choose write a brief description of your animal addition. List identification number if needed. You can also do any test information. Once you have your information added for an individual animal, hit **“ADD ANIMAL”**. You can do this as a single head count entry or multiple head count entry which puts your information in the grid and adds it to the Health Certificate. Once you have hit ADD ANIMAL you will want to click **“DONE ADDING”** which clears the fields on this page. From there you can start over for more entries or multi-species entries or you can move onto the next page of the Health Certificate.

Special Statement(s) / Import Statements

Any Special Statements or Receiving State  
Import Requirements Regarding this Shipment.

OWNER / AGENT STATEMENT



OWNER AGENT STATEMENT  
(if applicable)

I certify the animals in this shipment are those certified and listed on this certificate

Owner / Agent Printed Name

Owner Signature

Address

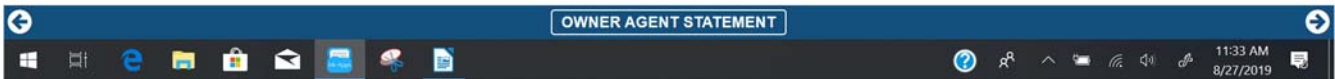
City

State

Zip

Owner Agent Statement Signature Page

VETERINARIAN CERTIFICATION



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**NEBRASKA CVI**  
47-100000-082719-0947 ☰

I Certify, as an accredited veterinarian, that the above-described animals have been inspected by me and are not showing signs of infectious, contagious, and/or communicable diseases, (except where noted). The vaccinations and results of tests are as indicated on the certificate. To the best of my knowledge, the animal listed on this certificate meet the state of destination and federal interstate requirements. No further warranty is made or implied.

Veterinarian Printed Name:  Accredited Veterinarian Signature:

Issued Date & Time:

Address:

City:  State:  Zip:

Email:  Phone:

Accreditation Code:

Attach ID Files  
Attach files from your device (.xlsx, .doc or .pdf)

Upload Photos  
Use Upload Photos for pictures

11:35 AM  
8/27/2019

Veterinarian Signature Page. On this page, you can attach files such as Identification Lists or Photos for Horses. You can also email a copy of the Health Certificate to yourself, client, or transporter. Email addresses are separated by using a semicolon ; you can also print a hard copy of the Health Certificate. Once you are done filling out the Health Certificate you can hit "Finish" and a copy of the Health Certificate will be sent to The Nebraska Department of Agriculture. **We recommend printing or emailing a copy to yourself for your records.**