

Indiana Electronic Certificate of Veterinary Inspection (IN eCVI) Ver3.2

A How-To Guide

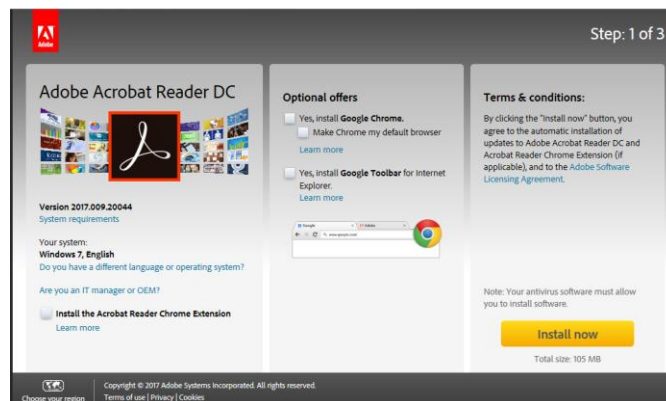


Graphic created by Colorado Department of Agriculture

Completing an electronic Indiana Certificate of Veterinary Inspection (IN eCVI)

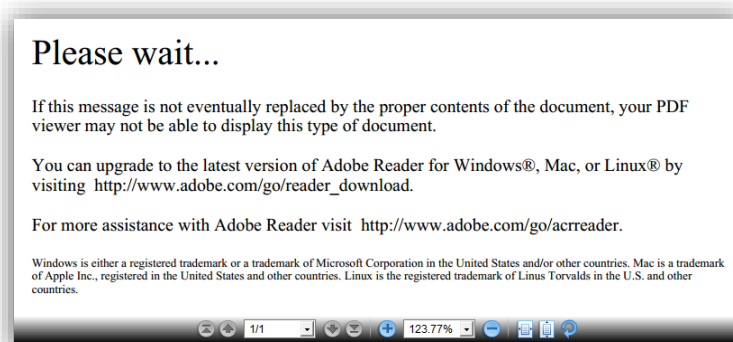
Part One – Setting up the IN eCVI

1. Download Adobe Reader for free at: <http://get.adobe.com/reader/>. It is not necessary to download the 'Optional offers'.



2. Once you receive the IN eCVI PDF file via email, save the attachment to your computer. We recommend keeping two copies of the original file on your computer to ensure the original file is not accidentally written over when creating new IN eCVIs. We suggest placing one of the copies in a file folder where you keep templates or other important documents and the other in a backup folder.

Note: A common issue is that when viewing the eCVI PDF in an email, or internet browser such as Microsoft Edge, the following message may appear:



It is important that the eCVI be processed using Acrobat Reader. This eCVI cannot be rendered by many PDF viewers. The PDF will open when Acrobat Reader is used to open the file. Save the attachment, navigate to the file, right click on

it, select 'open with', and select Adobe Reader DC if there are any issues. We recommend you set 'Adobe Reader DC' as your default viewer for PDF files.

General Tips:

- Hovering over any field slowly with the mouse cursor will allow a message box to appear that gives information pertaining to the field.
 - When you type text into fields (except the animal list), the text will format automatically to capitalize the first letter of each word when you exit the field (tab or click out).
 - A tab order is set. If you click in 'First Name' in the consignor section and begin typing, when finished, hit 'Tab' on your keyboard to move to the next field. When you approach the end of the consignor section, hitting tab will bring you to the consignee section, etc.
 - If you tab or click into a field with drop-down menus, in all but the 'Transport method' or 'Purpose of Movement Field', if you type the first letter of the State, County, Species, etc., it will select what you type. If there are multiple choices with the same beginning letter, hit the same letter again to move to the next word, or use the down arrow on your keyboard. Tab into the next field or click into the next field to commit.
 - The 'Zip Code' must be 5 digits and 'Phone Number' must be 10 digits. Do not use dashes, parentheses, or spaces... Just use numbers and they will be formatted appropriately when you exit the field.
3. For the first templates, IN BOAH will provide pre-filled templates with vet and clinic info filled out. This information can be changed or edited at any time as the need arises. For example, moving to a new clinic or if email/phone

INDIANA CERTIFICATE OF VETERINARY INSPECTION															Certificate Number																																																											
State Form 55300 (6-13) Indiana State Board of Animal Health Discovery Hall, Suite 100 1202 East 38th Street, Indianapolis, IN, 46205 (317) 544-2400															32-null-null																																																											
Contact State of Destination for Movement Requirements and Certificate Validity FOR FOREIGN SHIPMENTS (Outside United States or Leaving United States) USE FEDERAL FORM OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.																																																																										
ENTRY PERMIT #:																																																																										
INSPECTION DATE:					SHIPMENT DATE:					<input type="radio"/> Large Animal <input type="radio"/> Small Animal																																																																
CONSIGNOR - Contact Person at Origin										CONSIGNEE - Contact Person at Destination					CARRIER (Transporter)																																																											
First Name					Last Name					First Name					Last Name					Business Name																																																						
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Consignor's Address (if different)										Consignee's Address (if different)										<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate																																																						
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TOTAL																	Copy	Delete																																																								
OWNER/AGENT STATEMENT "The animals in this shipment are those certified to and listed on this certificate."															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.																																																											
DATE					Printed Name					Phone					Email																																																											
SIGNATURE					Address					City					State					Zip																																																						
					USDA Accreditation #					State of License					IN					License #																																																						
					Signature																																																																					
Save Form																																																																										

Figure 1

numbers change. Feel free to contact IN BOAH if you need help making any changes or creating a new template for a new veterinarian that has joined your practice.

- a. When filling out section, click in the '**Printed Name**' field, type the veterinarian's name, and use the 'Tab' key to move to the next field. Alternatively, use the mouse and click in each field
 - b. **Certifying Veterinary Name and Contact Information***: Fill in completely, including federal accreditation number (an alert will remind you to include the leading 0)
 - c. **License Number***: Enter the last four numbers of your Indiana state license number.
4. We suggest saving each template with the Veterinarian's name and in a location that is easily accessible. Every instance this template is opened, the Veterinarian's information will be pre-populated and will save time. These templates or working copies, can be copied onto each computer, in your network file, cloud storage, or whatever electronic storage option your office would like to use to retrieve and generate eCVIs.
 5. We suggest creating a folder to hold all of the templates, a folder for the completed eCVIs, and a folder within that where you can move the completed eCVI's once you have emailed them to us (suggested naming conventions below). If you are using a network drive or cloud storage over multiple computers, create a folder for digital signature files there as well (see Part 5, number 10).

Part Two – Filling out the top portion of the IN eCVI

1. Open up a working copy/template of the IN eCVI.
2. To prevent accidentally saving over a template, save the file with the new name using a naming convention that works for your practice. For example, use the client's last name and the date the IN eCVI was issued, e.g., Anderson YYYY-MM-DD, will allow the ability to sort a folder by client name and date.
3. Fill in the fields just as you would a paper CVI. As seen in the figure below, all fields highlighted in red are required fields (and noted with a red asterisk below). *Note*: You can save at any point throughout the process and retain all of the information up to that point for that file. This yields the ability to save templates for frequent clients or movements. Simply fill out their information and then save the form as a new file, e.g., Anderson Farm Template.

Field 1. Entry Permit #: This field and the Shipment Date field are the only fields that can be added or edited and saved *after* the form has been digitally signed. Enter the state of destination's entry permit into this field.

Field 2. Inspection Date*: Enter the date that the animals were inspected. Use the drop down calendar (click the drop-

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

ENTRY PERMIT #: 1

INSPECTION DATE: 2

SHIPMENT DATE: 3

Large Animal Small Animal 4

CONSIGNOR - Contact Person at Origin

First Name Last Name AND/OR 5

Business Name

Physical Address of Animals

City State Zip Code County

Phone Number Location ID#

Consignor's Address (if different)

CONSIGNEE - Contact Person at Destination

First Name Last Name AND/OR 6

Business Name

Physical Address of Animals

City State Zip Code County

Phone Number Location ID#

Consignee's Address (if different)

Print Reconsigned 6a

CARRIER (Transporter)

Business Name 7

Physical Address

City State Zip Code Phone Number

Transport Method 7a Purpose of Movement 7b

Interstate Intrastate 7c

Figure 2

down arrow that appears to the right of field once entered) or enter date manually in 'M/D/YY' format.

Field 3. Shipment Date: Enter the actual or estimated date that the animals will be shipped. Use the drop down calendar (click the drop-down arrow to the right of field once entered) or enter date manually in 'M/D/YY' format. This field can be edited after the digital signature is applied if the shipment date needs to be corrected.

Field 4. IN eCVI Type*: Choose whether this is a 'Large Animal' or a 'Small Animal' eCVI. Figure 3 and Figure 4 below shows the animal information sections expanded for each certificate type.

Section 5. Consignor*: Fill in all fields highlighted in red. The Consignor is the contact person at the origin. You must enter either a first and last name or a business name. If the consignor's address is different than the location of the animals, use the last line to denote the address. Do NOT put a PO BOX in the fields of consignor or consignee. These require a physical address. A PO box/out of state address is ONLY allowed for the mailing address of the owner.

Section 6. Consignee*: Fill in all fields highlighted in red. The Consignee is the contact person at the destination. You must enter either a first and last name or a business name. If the consignee's address is different than the location of the animals use the last line to denote the address. Do NOT put a PO BOX in the fields of consignor or consignee. These require a physical address. A PO box/out of state address is ONLY allowed for the mailing address of the owner.

Field 6a. Print Reconsigned: Check this box only if the animal is going to a sale where the CVI will be used at the sale. Checking the box reveals a 'Reconsigned' field at the bottom of the CVI for later use.

Section 7. Carrier/Transporter: Fill out as much information as possible. Carrier Physical Address: This is the physical location of the carrier. DO NOT put a PO Box in this field!

Field 7a. Transport Method: Drop down menu, may manually complete. Select a Transport Method from the drop down list. If your method is not listed select 'Other' and type your method.

Field 7b. Purpose of Movement*: Drop down menu, may manually complete. Select a purpose of animal movement from the drop down list. If your purpose is not listed, select 'Other' and type your purpose.

Field 7c. Choose Interstate or Intrastate: Check the box to indicate type of movement.

The screenshot shows the 'Large Animal IN eCVI' form. Numbered callouts point to the following fields:

- 1: Disease Certification Statements
- 2: Flock/Herd Accredited Free For: (checkboxes for Tuberculosis, Brucellosis, Scrapie, NPIP, Johne's, PRV, CWD, Other)
- 3: Current State/Area Status: (dropdown for Tuberculosis, Brucellosis, Other)
- 4: Species
- 5: # of Head
- 6: Official Permanent ID
- 7: Other ID (Registry Name, Number or Description)
- 8a: Age
- 8b: Sex
- 8c: Breed
- 9: TB Date Obsvd, TB Test Result, BRUC Test Date, BRUC Test Result, BRUC Vacc Tattoo, EIA Test Date, EIA Lab Name, EIA Test Result
- 10: Owner/Agent Statement
- 11: Veterinary Certification
- 12: Signature
- 13: Save Form

Figure 3: Large Animal IN eCVI

Part Three – Filling out the bottom portion of the Large Animal IN eCVI

Field 1. Disease Certification Statements: Free form text. You can cut and paste a statement into this field. Enter statements concerning the health of the livestock or equine in this box. This field will expand to show all of your text. Please DO NOT use quotation marks!

Section 2. Flock/Herd Accreditation: Complete as needed.

Section 3. Current State/Area Status: Choose from the drop down menus as appropriate.

Field 4. Species*: Select a Species from the drop down list.

Field 5. # of Head*: Enter the number of head. If you are sending animals that are required to be individually identified, then you may only have one animal per line. If you are attaching an addendum, the total number of head in the addendum for that species should be included in this field.

Field 6. Official Permanent ID: Enter the official identification number of an animal here. Reserve this field for OFFICIAL ID ONLY. Enter ONE official permanent identification number of the animal in this row, up to 15 characters. If an animal has more than 1 official ID, enter others under 'Other ID'.

Field 7. Other ID: Enter registry name, number, description, or any other unofficial (or additional official) animal identification. This field will expand to show all of your text. Please DO NOT use quotation marks! This field should also be where 'See addendum' is noted if an addendum will be used to forward individual animal information such as a listing of official IDs and animal descriptions (age, sex, breed, etc). This field is limited to 200 characters.

Fields 8a-8c. Age, Sex, Breed: Enter the two part age of the animal, e.g., 6 M or 5 Y. Enter the sex and the breed of the animal. Note: If it is easier, tab through the animal list. For example, click into species, type 'B' for 'Beef Cattle', hit 'Tab'

(Bovine is selected), type '1' and tab, enter ID# and tab, enter other ID and tab, type '5' and tab, type 'M' for 'Month' tab, type F for 'Female' and tab, type 'H' for 'Hereford' and tab, etc.

Section 9. Testing Information: Fill in test data, vaccinations, and/or treatments.

For multiple animals, blank rows may be added by selecting the 'Add Row' button. All of the information in the rows can be copied into a new row at any point by selecting the 'Copy' button. Specific rows can be deleted by selecting the 'Delete' button or the last row can be deleted by selecting the 'Delete Last Row'.

Section 10. Owner/Agent Signature: Contact the state of destination to determine if this step is necessary. If in the rare situation it is required, after the IN eCVI has been issued, print the form and have the owner/agent sign it. You will need to email the scanned copy as an attachment along with the issued IN eCVI.

Section 11. Veterinary Certification*:

Date*: Enter the date that the certifying vet is issuing the CVI. Use the drop down calendar or enter date manually in 'M/D/YY' format.

Veterinary Name and Contact Information*: Fill in completely, including federal accreditation number (be sure to include the leading 0). This will auto-fill the footer with your name and date and generate part of the certificate number.

License Number*: Enter the last 4 numbers of your Indiana state license number.

Field 12. Signature*: The veterinarian must sign this personally by creating a digital signature with password (See Part 5). This will finalize the form and issue a certificate number. This will only work if all required fields have been completed. Once the signature is applied, the file you are working with becomes locked so that no fields can be edited, except the entry permit # field and shipment date field. Signing the document is like separating the paper copies and handing the owner their copy. This is the version of the form you will submit to the Indiana Board of Animal Health and can email to clients as needed (see below). You will be prompted to save the file after signing. The certificate and certificate number is not valid unless a digital signature is present!

Note: If you click in the signature field after all of the required fields are filled out, and you cancel, a certificate number will be generated even though a signature was not applied. This certificate number is not official. When you re-click the signature field and digitally sign the form and save it, the certificate number will change and be locked, and now the certificate is official.

Field 13. Save Form: This is a 'Save As' Button for your convenience which helps prevent saving over templates. After the file name is changed, if you want to periodically save the form as the new name, press 'Ctrl S' simultaneously, or press the floppy disc icon, or File > Save.

Part Four – Filling out the bottom portion of the Small Animal IN eCVI

The screenshot shows the 'Body of Small Animal IN eCVI' form. It includes a 'Weather Acclimation Statement' field (1), a table for animal information with columns for Species, # of Animals, Description/Breed/Microchip, Age, Sex, Rabies Vacc Date, Rabies Booster Due, Rabies Tag Number, Rabies Serial Number, and Other Tests/Vaccinations/Treatment (2-5). Below the table are 'Add New Row' and 'Delete Last Row' buttons. The form also has sections for 'OWNER/AGENT STATEMENT' (6), 'VETERINARY CERTIFICATION' (7), 'DATE' (8), 'SIGNATURE' (8), and a 'Save Form' button (9). The bottom right corner indicates 'Version 3.2'.

Figure 4: Body of Small Animal IN eCVI

Field 1. Weather Acclimation Statements: Free form text. You can cut and paste a statement into this field. Enter statements concerning the health of the small animals in this box. This field will expand to show all of your text. Please DO NOT use quotation marks!

Field 2. Species*: Choose a species. If the species isn't listed, select 'Other' and type the species in the description field (field 4 above).

Field 3. Number of Animals: Enter the number of animals

Field 4. Description/Breed/Microchip: Enter animal information here.

Fields 5. Age, Sex, Vaccinations: Enter the two part age of the animal, e.g., 6 D or 5 Y. Enter the sex, vaccinations, and/or treatments. Rows may be added, copied, or deleted as needed.

Section 6. Owner/Agent Signature: Contact the state of destination or airline to determine if this step is necessary. If it is required, after the IN eCVI has been issued, print the form and have the owner/agent sign it. You will need to email the scanned copy as an attachment along with the issued IN eCVI.

Section 7. Veterinary Certification*:

Date*: This is the issue date, use the drop down calendar or enter date manually in 'M/D/YY' format.

Veterinary Name and Contact Information*: Fill in completely, including federal accreditation number (be sure to include the leading 0). This will auto-fill the footer with your name and date and generate part of the certificate number.

License Number*: Enter the last four numbers of you Indiana state license number.

Field 8. Signature*: The veterinarian must sign this personally by creating a digital signature with password (See Part 5). This will finalize the form and issue a certificate number. This will only work if all required fields have been completed. Once the signature is applied, the file you are working with becomes locked so that no fields can be edited, except the entry permit # field and shipment date field. Signing the document is like separating the paper copies and handing the owner their copy. This is the version of the form you will submit to the Indiana Board of Animal Health and can email to

clients as needed (see below). You will be prompted to save the file after signing. The certificate and certificate number is not valid unless a digital signature is present!

Note: If you click in the signature field after all of the required fields are filled out, and you cancel, a certificate number will be generated even though a signature was not applied. This certificate number is not official. When you re-click the signature field and digitally sign the form and save it, **the certificate number will change** and be locked, and now the certificate is official.

Field 9. Save Form: This is a 'Save As' Button for your convenience which helps prevent saving over templates. After the file name is changed, if you want to periodically save the form as the new name, press 'Ctrl S' simultaneously, press the floppy disc icon, or File > Save.

State Form 55300 (6-13)
Indiana State Board of Animal Health
Discovery Hall, Suite 100
1202 East 38th Street, Indianapolis, IN 46205
(317) 544-2400

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

Certificate Number
32-1234-null

ENTRY PERMIT #: _____

INSPECTION DATE: 09/07/2017 SHIPMENT DATE: _____ ☒ Large Animal ☐ Small Animal

CONSIGNOR - Contact Person at Origin
First Name: Jane Last Name: Doe AND/OR Business Name: _____
Physical Address of Animals: 1234 Cattle Drive
City: Northfield State: IN Zip Code: 46711 County: Adams
Phone Number: (260) 123-4567 Location ID#: _____
Consignor's Address (if different): _____

CONSIGNEE - Contact Person at Destination
First Name: John Last Name: Smith AND/OR Business Name: _____
Physical Address of Animals: 5678 Ranch Road
City: _____ State: TX Zip Code: 56789 County: _____
Pasture: _____ Phone Number: _____ Location ID#: _____
Consignee's Address (if different): _____ ☐ Print ☐ Reconsign

CARRIER (Transporter)
Business Name: _____
Physical Address: _____
City: _____ State: _____ Zip Code: _____ Phone Number: _____
Transport Method: _____ Purpose of Movement: Breeding
☐ Interstate ☐ Intrastate

Disease Certification Statements: _____

Flock/Herd Accredited Free For: _____
☐ Tuberculosis ☐ Brucellosis ☐ Scrapie ☐ NPIP
☐ John's ☐ PRV ☐ CWD ☐ Other (specify): _____

Current State/Area Status:
Tuberculosis: _____
Brucellosis: _____
Other (specify): _____

SPECIES	# OF HEAD	OFFICIAL PERMANENT ID	OTHER ID (REGISTRY NAME, NUMBER OR DESCRIPTION)	AGE	SEX	BREED	TB DATE OBSVD	TB TEST RESULT	BRUC TEST DATE	BRUC TEST RESULT	BRUC VACC TATTOO	EIA TEST DATE	EIA LAB NAME	EIA TEST RESULT	ACCESSION #	OTHER	Copy/Delete
Beef Cattle	1	8400030000000000		S	M	Simmental						N/A	N/A	N/A			
TOTAL	1	Add Row	Delete Last Row														

OWNER/AGENT STATEMENT
"The animals in this shipment are those certified to and listed on this certificate."

DATE: 09/07/2017 Printed Name: Josh Smith Phone: (000) 000-0000 Email: vetclinic@clinic.com
Address: 12345 W 6789 S City: My City State: IN Zip: 46711
USDA Accreditation #: [] [] [] [] [] [] State of License: IN License #: [] [] [] [] [] [] [] []
SIGNATURE: _____
Signature: _____

Save Form

CERTIFICATE AND CERTIFICATE #
OFFICIAL AFTER DIGITALLY SIGNED

Version 3.2

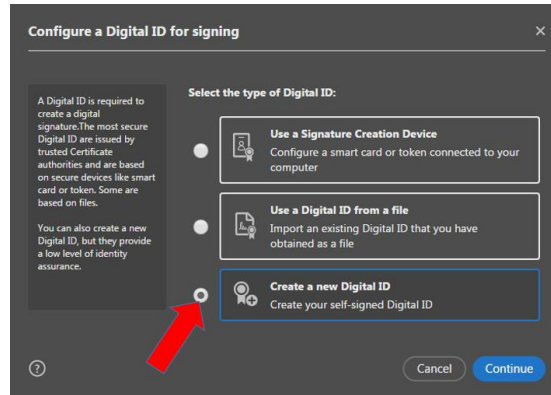
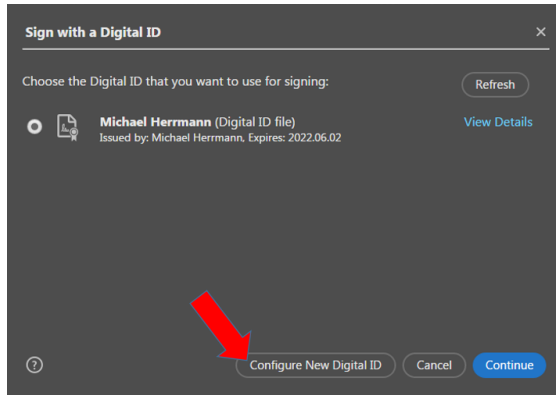
Sample IN eCVI filled out but not signed.

The next step is to review the information and then sign the form.

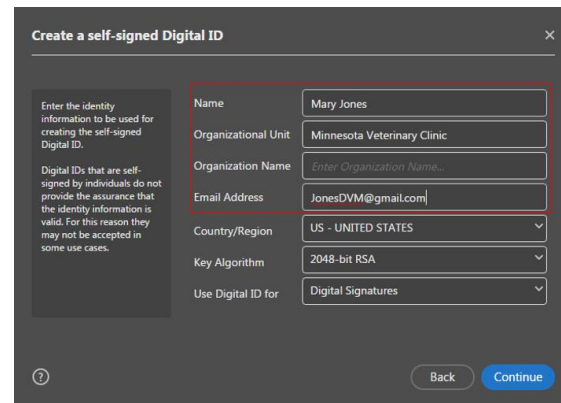
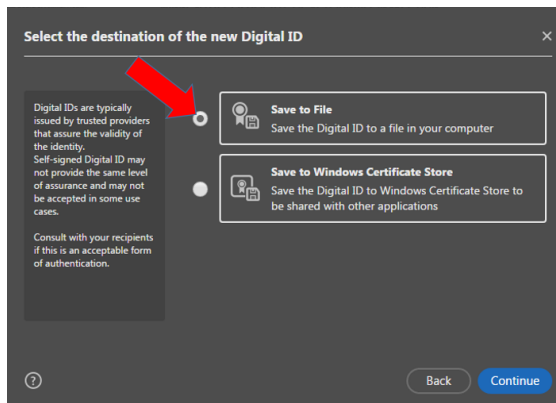
Note: The certificate number has not been issued as it still contains 'null'.

Part Five – How to create a digital signature

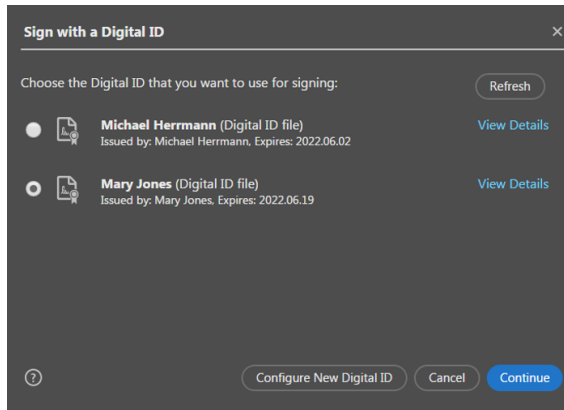
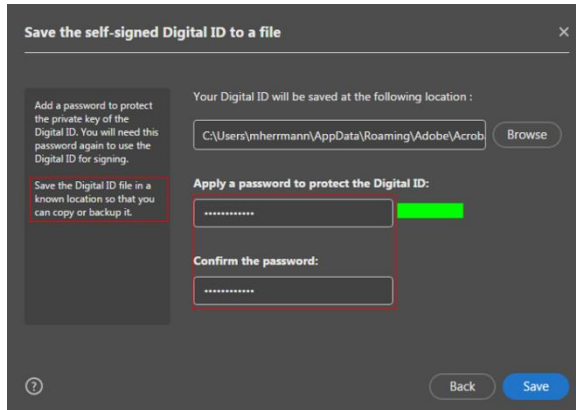
- Once all of the required fields have been completed, click on the **Signature Field**. A dialog window will open.



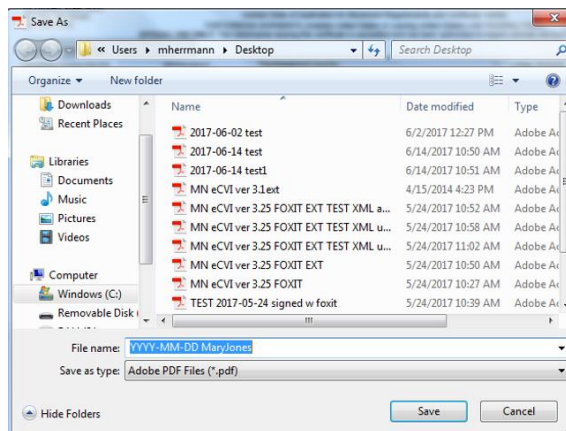
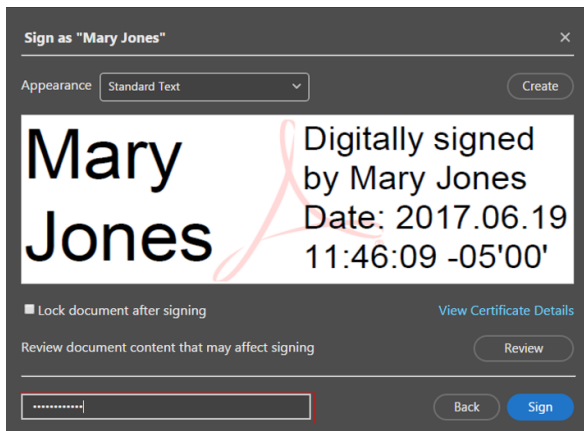
2. Select 'Configure New Digital ID'.
3. Select 'Continue'.
4. Select 'Create a new Digital ID'. Notice that if you have a Digital ID file, you can select that.
5. Select 'Continue'.



6. Select 'Save to File' to save the Digital ID to a file on your computer.
7. Select 'Continue'.
8. Enter your name. The Organization Unit is your practice/clinic name. Enter your email address. Leave the other fields in their default settings.
9. Select 'Continue'.



10. Select 'Browse' to select where you want to store your Digital ID file if you will be using the Digital ID on more than one computer. The Digital ID can be copied or retrieved on other computers (works well with shared network folder or cloud storage). Otherwise, leave the default location.
11. Enter and confirm your password. Remember not to share this with others; this is equal to your written signature that you put on paper CVIs.
12. Select 'Save'
13. If there are multiple Digital IDs available on your computer, select your Digital ID.
14. Select 'Continue'.




15. Enter your password.
16. Select 'Sign'.
17. After selecting 'Sign' you will be prompted to save the document. You cannot sign the form without saving it. It is important to save over the file you already renamed or rename the file here with your chosen naming convention in your chosen file location, e.g., client's last name & date.pdf in 'CVIs to send' folder, for example. You want to change the name of the document (if you haven't already) so you do not overwrite your original blank file.
18. In the future, when you click on the signature field, only the screen appears where you simply select your Digital ID and 'Continue'. Follow steps 13-17 to sign.

Note: As seen in the screen where you select the type of digital ID you want to create (step 4), you can 'Use a Digital ID as a file'. This means that you can copy and move your Digital ID to other computers, store it on a network drive, or cloud storage and retrieve it to use it on other computers if desired.

Once signed, next to the 'Save Form' button, the 'Print' and 'Submit by Email' buttons will appear.

Note: If you click in the signature field after all of the required fields are filled out, and you cancel the digital signature process, a certificate number will be generated even though a signature was not applied. This certificate number is not official. When you re-click the signature field and digitally sign the form and save it, **the certificate number will change** and be locked, and now the certificate is official.

Certificate Number: This will automatically be generated once the form is signed:

 State Form 55300 (6-13) Indiana State Board of Animal Health Discovery Hall, Suite 100 1202 East 38th Street, Indianapolis, IN 46205 (317) 544-2400		INDIANA 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 OFFICIAL USE ONLY: The Veterinarian issuing this certificate is accredited and has been authorized to inspect animals and issue certificates.		Certificate Number 32-1234-1504789790														
ENTRY PERMIT #:																		
INSPECTION DATE: 09/07/2017		SHIPMENT DATE:		<input checked="" type="radio"/> Large Animal <input type="radio"/> Small Animal														
CONSIGNOR - Contact Person at Origin First Name: Jane Last Name: Doe AND/OR:		CONSIGNEE - Contact Person at Destination First Name: John Last Name: Smith AND/OR:		CARRIER (Transporter) Business Name:														
Business Name:		Business Name:		Physical Address:														
Physical Address of Animals:		Physical Address of Animals:		City: State: Zip Code: Phone Number:														
1234 Cattle Drive City: Northfield State: IN Zip Code: 46711 County: Adams		5678 Ranch Road City: State: TX Zip Code: 56789 County:		Transport Method: Purpose of Movement: Breeding														
Phone Number: (260) 123-4567 Location ID#:		Phone Number: Location ID#:		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate														
Consignor's Address (if different):		Consignee's Address (if different):		<input type="checkbox"/> Print <input type="checkbox"/> Reconsign														
Disease Certification Statements:		Flock/Herd Accredited Free For: Herd/Flock #		Current State/Area Status:														
		<input type="checkbox"/> Tuberculosis <input type="checkbox"/> Brucellosis <input type="checkbox"/> Scrapie <input type="checkbox"/> NPIP <input type="checkbox"/> John's <input type="checkbox"/> PRV <input type="checkbox"/> CWD <input type="checkbox"/> Other (specify):		Tuberculosis: Brucellosis: <input type="checkbox"/> Other (specify):														
SPECIES	# OF HEAD	OFFICIAL PERMANENT ID	OTHER ID (REGISTRY NAME, NUMBER OR DESCRIPTION)	AGE	SEX	BREED	TB DATE OBSVD	TB TEST RESULT	BRUC TEST DATE	BRUC TEST RESULT	BRUC VACC TATTOO	EIA TEST DATE	EIA LAB NAME	EIA TEST RESULT	ACCESSION #	OTHER	Copy	Delete
Beef Cattle	1	8400030000000000		8	M	F	Simmental					N/A	N/A	N/A				
TOTAL		1																
		Add Row		Delete Last Row														
OWNER/AGENT STATEMENT "The animals in this shipment are those certified to and listed on this certificate."		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.																
DATE:		Date: 09/07/2017 Printed Name: Josh Smith Phone: (000) 000-0000 Email: vetclinic@clinic.com																
ADDRESS:		Address: 12345 W 6789 S City: My City State: IN Zip: 46711																
SIGNATURE:		Signature: JOSH SMITH																
Save Form Print Form Submit by Email																		

Certificate Signed by: Josh Smith Date: 09/07/2017 Certificate is only valid for 30 days from inspection.

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Sample signed IN eCVI.

The next step is to submit the form via email to the IN Board of Animal Health eCVI@boah.in.gov

Note: The certificate number has been issued and all fields (except 'entry permit #' and 'shipment date') are locked.

Part Six – Submission of the IN eCVI to the Indiana Board of Animal Health

PLEASE DO NOT USE THE SUBMIT BY EMAIL BUTTON AT THE BOTTOM OF THE FORM!

1. Open your email provider account. Compose a new email. Attach your completed IN eCVI and send the IN eCVI to: eCVI@boah.in.gov If you are using a Large Animal IN eCVI with an addendum, attach that addendum to this same email.

Note: It is recommended to email in the IN eCVIs as soon as they are completed. They must be submitted within 7 days. Do not print and mail or fax in the IN eCVI, they must be received electronically via email in their original electronic form (not printed and scanned, unless an owner signed copy is accompanying the original signed electronic copy).

Part Eight – Issued IN eCVIs for Airline Travel

1. Some airlines will only accept CVIs for traveling pets if the CVI has a hand-written signature. It would be acceptable for you to issue the IN eCVI, print a copy for the client, and sign that copy in ink (in addition to the digital signature you placed to issue it). This printed copy with an ink signature would then be used for the client traveling via airline with their pet(s).
2. Please continue to email in the copy to our office in its original electronic form (with only the digital signature). An ink signed copy should not be forwarded to our office for paper copies received can result in duplicate processing of the documents.

Indiana Board of Animal Health
Discovery Hall, Suite 100
1202 E 38th St
Indianapolis, IN 46205
317-544-2400 or 877-747-3038



For assistance, contact Jean Doerflein at 317-544-2387, jdoerflein@boah.in.gov, or Ami Erickson at 317-544-2382, aerickson@boah.in.gov