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| **Datos del Solicitante** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del Remitente | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Domicilio | | |  | | | | | | | | | | | | | | | | | | | Localidad | | | | | |  | | | | | | | | |
| Municipio | | |  | | | | | | | | | | Estado | | |  | | | | | | | | | | | | | | | Teléfono | | | |  | |
| **Origen del Ganado** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del Dueño | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del Predio/Corral | | | | | | | |  | | | | | | | | | | Ubicación | | |  | | | | | | | | | | | | | | | |
| Localidad | |  | | | | | | | | Municipio | | | |  | | | | | | | | | | | | | Estado | | | | | |  | | | |
| UPP/PSG | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Destino del Ganado** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nombre del Destinatario | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Predio/Corral | | | |  | | | | | | | | | | | | | Ubicación | | | |  | | | | | | | | | | | | | | | |
| Localidad | | |  | | | | | | | | Municipio | | | |  | | | | | | | | Estado | | | | | |  | | | | | | | |
| UPP/PSG | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Transporte** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Marca |  | | | | | | Modelo | |  | | | | Placas | | | |  | | | | | | | | | | | | | | | | | Color | |  |
| **Motivo de Movilización** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cantidad de Cabezas | | | | | |  | | | | | | | | | | | | | | | | | | | Motivo | | | | | |  | | | | | |
| Ruta de Ingreso/Tránsito | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Documentos de Movilización** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Folio de Certificado Zoosanitario | | | | | | | | | |  | | | | | | | | | | Folio de Guía de Tránsito | | | | | | | | | | | |  | | | | |
| **Prueba de TB** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hato Libre No. | | | | | | | | | | Hato Libre Certificado No. | | | | | | | | | | | | | | Dictamen de Prueba No. | | | | | | | | | | | | |
| **Prueba de BR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hato Libre No. | | | | | | | | | | | | Dictamen de Prueba No. | | | | | | | | | | | | | | Constancia de Vacunación No. | | | | | | | | | | |
| Constancia de Baño Garrapaticida No. | | | | | | | | | | |  | | | | | | | | | | | | | | | Fleje | | | |  | | | | | | |
| Otras Constancias y/o Oficios de Autorizaciones especiales | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |

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**Nombre y Firma del Solicitante**