

Missouri Hay Directory Hay Listing Form

County where hay located: _____

Name: _____ Business: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Alternate Phone: _____

E-mail: _____

Hay producer Hay dealer Hay trucker Farmer

Hay Type: _____

Bale Type: Small Square Large Square Large Round Baleage

Bale Weight: _____ Number of Bales: _____

Lab analysis: Yes No

If **yes**, please fill in the following:

CP _____ TDN _____ RFV _____ ADF _____ NDF _____

Additional Notes: _____

Mail completed form to:
Missouri Department of Agriculture
Hay Directory
P.O. Box 630
Jefferson City, MO 65102
(573) 751-5633
Fax: (573) 751-5516
E-mail: Mark.Murphy@mda.mo.gov