

STATE OF MISSOURI DEPARTMENT OF AGRICULTURE TRICHOMONIASIS VIRGIN LIVESTOCK STATUS CERTIFICATE

Date Number of Head Included

INSTRUCTIONS: Complete applicable sections of this form and return it to the Missouri Department of Agriculture, Division of Animal Health, P.O. Box 630, Jefferson City, MO 65102-0630. Direct questions regarding this application to the Division of Animal Health at (573) 751-3377. **CONTACT INFORMATION**

OWNER/REPRESENTATIVE NAME:

BUSINESS/FARM NAME:

Address:	City:	State:	Zip:
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County:	Telephone Number:		
CERTIFICATION OF VIRGIN STATUS			
OFFICIAL IDENTIFICATION NUMBER	ANIMAL AGE (MONTHS		BREED

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OWNER'S REQUIREMENTS AND RESPONSIBILITIES

Pursuant to 267.645 RSMO 2000, the animals individually indicated with an official identification above are virgin male bovine 24 months of age or younger. This certification is valid for thirty (30) days or upon change of ownership.

I agree to comply with all provisions of the Instate and Intrastate Trichomoniasis regulations and the rules promulgated thereunder. I certify the information on this application is true and correct to the best of my knowledge and belief.

SIGNATURE OF OWNER/AUTHORIZED REPRESENTATIVE

DATE

PRINTED NAME OF OWNER/AUTHORIZED REPRESENTATIVE