



MISSOURI DEPARTMENT OF AGRICULTURE
ANIMAL HEALTH DIVISION

MISSOURI INTRASTATE CERVIDAE MOVEMENT CERTIFICATE

PO BOX 630
JEFFERSON CITY, MO 65102-0630
(573) 751-3377
FAX (573) 751-6919

NAME OF ORIGINAL OWNER	NAME OF PURCHASER	DATE OF MOVEMENT
		CWD STATUS
		CWD HERD NUMBER
ORIGIN ADDRESS (STREET)	DESTINATION ADDRESS (STREET)	TB ACCREDITATION DATE
CITY	CITY	TB HERD NUMBER
STATE	STATE	BRUC. CERTIFICATION DATE
ZIP CODE	ZIP CODE	BRUC. HERD NUMBER

OFFICIAL IDENTIFICATION	FARM IDENTIFICATION	SPECIES	SEX	AGE	TB TEST READ DATE	BRUC. TEST DATE	PURPOSE OF MOVEMENT

I hereby certify that the animals listed above are a complete and accurate list of all animals per this shipment. The failure to properly list all animals is a violation of RSMo. 267.230.

OWNER SIGNATURE	DATE	TELEPHONE
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****Movement of farmed cervidae from any premises to another location must be reported to MDA within 30 days of such movement.
Send one copy with shipment, retain one copy for your records and send one copy to MDA.**