



**KENTUCKY DEPARTMENT OF AGRICULTURE**  
*A Consumer Protection And Service Agency* • [www.kyagr.com](http://www.kyagr.com)  
 Office of the State Veterinarian, 109 Corporate Drive, Frankfort, KY 40601  
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***MONTHLY STOCKYARD REPORT OF NUMBER OF LIVESTOCK  
 RECEIVED AND SOLD***

**NAME OF STOCKYARD:** \_\_\_\_\_ **LICENSE#** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

(According to Kentucky Statutes Chapter 261.240 (the owner or operator of each stockyard shall file with the Department, at the beginning of each month, a sworn statement showing the exact number of livestock received and sold during the preceding month)

**NUMBER OF ALL CATTLE & CALVES:** \_\_\_\_\_

**NUMBER OF ALL SWINE:** \_\_\_\_\_

**NUMBER OF ALL SHEEP:** \_\_\_\_\_

**NUMBER OF ALL GOATS:** \_\_\_\_\_

**NUMBER OF HORSES, PONIES & MULES:** \_\_\_\_\_

**NUMBER OF OTHER ANIMAL/LIVESTOCK:** \_\_\_\_\_  
 (POULTRY, ALPACAS, ETC)

**TOTAL NUMBER OF ANIMALS SOLD:** \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that the above statements are true and correct to the best of my knowledge and as an operator or manager of the above stockyard will comply with the state laws, rules and regulations now in effect, KRS Chapters 257 and 261, and any others that may come into effect later, and that to the best of my knowledge I have complied with all provisions of the laws and regulations promulgated thereto.

**Month Ending:** \_\_\_\_\_ **Date of signature:** \_\_\_\_\_

**Signature of owner, operator, and/or manager:** \_\_\_\_\_