Office of State Veterinarian 109 Corporate Drive Frankfort, KY 40601



502-573-0282 www.kyagr.com

MONTHLY STOCKYARD/BUYING STATION REPORT OF NUMBER OF LIVESTOCK RECEIVED AND SOLD

FACILITY NAM	.E:	LI(CENSE #:
FACILITY ADD	RESS:		
CITY:		STATE:	ZIP:
PHONE:		FAX:	
stockyard or buy	entucky Statutes Chaptering station shall file with statement showing the exting month.	the Department, a	at the beginning of each
NUMBER (OF ALL CATTLE & CAI	LVES:	
NUMBER (OF ALL SWINE:		
NUMBER (OF ALL SHEEP:		
NUMBER (OF ALL GOATS:		
NUMBER (OF HORSES, PONIES 8	α MULES:	
	OF OTHER ANIMAL/L ALPACAS, ETC.)	IVESTOCK:	
TOTAL NU	MBER OF ANIMALS S	OLD:	
	MONTH ENDING:		
statements are tr manager of the a now in effect, KF later, and that to	ue and correct to the bestbove facility will comply RS Chapters 257 and 261, the best of my knowledge ons promulgated thereto.	st of my knowledg with the state law and any others th	e and as an operator or vs, rules and regulations at may come into effect
Signature of owner, operator and/or manager			