

Exotic Livestock Movement Request

Mississippi Board of Animal Health
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Consignor /
Facility of origin Name: _____
Physical Address: _____
Phone: _____
Email: _____

Consignee /
Destination Name: _____
Physical Address: _____
Phone: _____
Email: _____

Transporter Name: _____
Address: _____
Phone: _____
Email: _____

Date of animal movement: _____

Animals in shipment:

Species	Sex	Age	ID		Species	Sex	Age	ID

Animals originating from outside of the state of Mississippi must be accompanied by a valid health certificate and entry permit from MBAH issued prior to animal movement.

Office Use Only Received Approved Denied
