P.O. Box 821 | 122 W. Jefferson Street | Viroqua, WI 54665 PH 608-637-2526 | FAX 608-637-7032 | mosaorganic.org

LIVESTOCK LIST

Name _____ **Date** _____

On this form, provide MOSA with a list of all animals requested for certification. If this information is available in another format, such as an Excel spreadsheet, you may substitute that list for this form. However, other formats must include animal ID, date of birth, and organic slaughter eligibility. Poultry do not need to be individually identified. Use the Notes column to describe any other pertinent information regarding slaughter eligibility (e.g. use of Ivermectin, date of purchase and seller, sold, died).

Animal ID	Date of Birth	Organic Slaughter Eligible	Notes (i.e., sold, died, purchased, etc.)
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

Make copies of this form as needed.

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		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
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		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

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