



LIVESTOCK LIST

Name _____ Account # _____ 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 parasiticides, date of purchase and source, sold, died).

Office Use Only	Animal ID	Date of Birth	Organic Slaughter Eligible	Notes (i.e., sold, died, purchased, etc.)
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6			<input type="checkbox"/> Yes <input type="checkbox"/> No	
7			<input type="checkbox"/> Yes <input type="checkbox"/> No	
8			<input type="checkbox"/> Yes <input type="checkbox"/> No	
9			<input type="checkbox"/> Yes <input type="checkbox"/> No	
10			<input type="checkbox"/> Yes <input type="checkbox"/> No	
11			<input type="checkbox"/> Yes <input type="checkbox"/> No	
12			<input type="checkbox"/> Yes <input type="checkbox"/> No	
13			<input type="checkbox"/> Yes <input type="checkbox"/> No	
14			<input type="checkbox"/> Yes <input type="checkbox"/> No	
15			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Make copies of this form as needed.



LIVESTOCK LIST

Name _____ Account # _____ 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 parasiticides, date of purchase and source, sold, died).

Office Use Only	Animal ID	Date of Birth	Organic Slaughter Eligible	Notes (i.e., sold, died, purchased, etc.)
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6			<input type="checkbox"/> Yes <input type="checkbox"/> No	
7			<input type="checkbox"/> Yes <input type="checkbox"/> No	
8			<input type="checkbox"/> Yes <input type="checkbox"/> No	
9			<input type="checkbox"/> Yes <input type="checkbox"/> No	
10			<input type="checkbox"/> Yes <input type="checkbox"/> No	
11			<input type="checkbox"/> Yes <input type="checkbox"/> No	
12			<input type="checkbox"/> Yes <input type="checkbox"/> No	
13			<input type="checkbox"/> Yes <input type="checkbox"/> No	
14			<input type="checkbox"/> Yes <input type="checkbox"/> No	
15			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Make copies of this form as needed.