



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY

MIKE STRAIN DVM

COMMISSIONER



Date: _____

Seller Pen License Number: _____

Purchaser Pen License Number: _____

Seller Farm Name: _____

Physical Address (City/Zip/Parish): _____

Seller Cell Number: _____ Seller Signature: _____

Purchaser Farm Name: _____

Physical Address (City/Zip/Parish): _____

Description of each animal:

Owner ID: _____ Microchip: _____ Sex: _____

Owner ID: _____ Microchip: _____ Sex: _____

Owner ID: _____ Microchip: _____ Sex: _____

Owner ID: _____ Microchip: _____ Sex: _____

Owner ID: _____ Microchip: _____ Sex: _____

Owner ID: _____ Microchip: _____ Sex: _____

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Send To: LDAF
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Baton Rouge, LA 70806

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VetReports@ldaf.state.la.us