

KANSAS EMERGENCY LIVESTOCK MOVEMENT PERMIT

Origination Premises Information							
Name of Premises: KS License #							
Street Address: Cit		City:	ity:		County:	Zip:	
GIS Coordinates (if known)	Lat:			Long:			
OwnerName:			Email:	Email:			
Contact Ph #:	Alter	ernate Ph#					
Reason for Movement:							
Kansas Location ID #	Prem ID #:						
Have you received any animals in the last 14 days?YesNo							
If yes, where did the animals come from: City State							
Date animals entered premises:							
Hauler Info							
Name of Hauler:				dress:			
City: State	Zip:	Contac	t Name:				
Phone:	Alt Phone:			nail:			
Tanker Permit # VIN #							
Hauler Name: Street Address:							
City: State	Zip: Phone: Alt Phone:						
Email:	Lic/Permit#	Permit#					
Route from Origin to Destination:							
Destination Information							
Destination Name:			Street:	Contact Name:			
1	State: Zip:			act Name:			
Phone: Email:							
KDA USE ONLY							
Date Received: Date Approved:			Permit#:	Permit#:			
Permit Valid from: To: Until Revok							
List route modifications here:							
Signature of Authorizing Official:			Title				
Name:			Email:	Email:			
Disobeying requirements of this movement permit may result in a fine and/or imprisonment.							
For questions regarding this permit, contact Kansas Department of Agriculture at (785) 564-5700							