MONTANA DEPARTMENT OF LIVESTOCK ANIMAL HEALTH DIVISION

www.liv.mt.gov

MONTANA ANNUAL IMPORT PERMIT APPLICATION: EQUINE SEMEN

OFFICE USE ONLY	
CHECK/MO:	
AMOUNT PAID:	
TRANSMITTAL #:	
PERMIT #:	
ISSUE DATE:	
EXPIRATION DATE:	

Stallion Owner/Manager Name	Ranch or Business Name (location of stallion)
Mailing Address	Physical Address
City, State, Zip	City, State, Zip
Phone Fax	Email
How would you like to receive your permit(s):	nail 🗆 Mail
Payment Method: Check or Money Order Online Payment (Credit Card	or E-Check)* "h
·	made at https://svc.mt.gov/doa/opp/LIVAnimalHealth/cart and to
	pplication should be sent to livpermits@mt.gov
INCLUDES A NON-REFUNDABLE \$5.00 APPLICATION 31 OF THE YEAR IN WHICH THEY ARE ISSUED. STALLION INFORMATION:	I FEE. PERMITS ARE NOT TRANSFERRABLE AND EXPIRE DECEMBER
	Stallion's Name
	Breed
	Owner/Manager
VETERINARIAN INFORMATION:	
Vete	erinarian Printed Name

Phone/email

MT Dept. of Livestock | Animal Health Division PO Box 202001, 301 N Roberts Ph 406-444-2976 Helena MT 59620-2001 Fax 406-444-1929