



# VIRGIN BULL STATEMENT

For additional information, call MDOL 406-444-2043 or visit [www.liv.mt.gov](http://www.liv.mt.gov)

Owner/Seller Information:			Attachment to:	
Name:			<input type="checkbox"/>	Brand Inspection #:
Address:			<input type="checkbox"/>	Health Certificate #:
City:	State:	Zip:	<input type="checkbox"/>	Other (specify):

Purpose: (check all that apply)		Change of Ownership?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/>	Imported into Montana	<input type="checkbox"/>	Trich Epizootic Area Requirement	<input type="checkbox"/>	Leased
<input type="checkbox"/>	Grazing in Common	<input type="checkbox"/>	Seasonal Grazing Permit	<input type="checkbox"/>	Other (please specify):

	USDA Tag or Tattoo	Ranch Tag	Brand & Location	Age	Breed & Color
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Original Breeder/Owner/Manager Certification:		
I hereby certify that the animal(s) identified and described above are sexually intact male bovine(s) less than 25 months of age that have had no potential breeding contact with sexually intact female cattle.		

Signature

Printed Name

Date