



## Animal Disease Traceability (ADT) Approved Tagging Site Agreement

APPLICANT INFORMATION		
Name of Tagging Site:		
Person Responsible:		
Address:		
City:	State:	ZIP Code:
Office Phone:	Cell Phone:	
Fax:	Email Address:	
RESPONSIBILITIES		
<b>Tagging Site:</b> Tagging site agrees to follow all the provisions of the Animal Disease Traceability rule as of March 11, 2013.		
<b>MDA:</b> Will allow animals to move from out of State to the approved Tagging Site without official ID.		

TERMINATION OF AGREEMENT		
This agreement is valid until the State Veterinarian or an authorized representative determines approval must be withdrawn. Notification will be provided in writing 30 days prior to termination.		
SIGNATURES		
<b>Tagging Site</b>		
Print Name of Person Responsible		
Signature		Date
<b>State Veterinarian Official</b>		
Print Name of State Veterinarian Official		
Signature		Date

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