



STATE OF MISSOURI
 DEPARTMENT OF AGRICULTURE
 LARGE CARNIVORE
 PERMIT/REGISTRATION APPLICATION

Check Number	
Date Received	
Amount of check	

Instructions: Complete applicable sections of this form and return it with appropriate fee(s) made payable to the Missouri Department of Agriculture, Division of Animal Health, P.O. Box 630, Jefferson City, MO 65102-0630. Direct questions regarding this application to the Division of Animal Health at (573) 751-3377.

PERMIT/REGISTRATION INFORMATION

As an owner of an animal defined in 2 CSR 30-9.040, Large Carnivore Act definitions, I hereby apply for a PERMIT/REGISTRATION in accordance with the Large Carnivore Act:

- Initial application \$250 per large carnivore
- Renewal application \$100 per large carnivore

Facility Name:

Address:	City:	State:	Zip:
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County:	GPS Coordinates:	Business Phone Number:
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ATTENDING VETERINARIAN PROVIDING SERVICE TO OPERATIONS

Veterinarian:	Clinic Name:
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Address:	City:	State:	Zip:
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County:	Clinic Phone Number:
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Veterinarian Signature:

INSURANCE REQUIREMENTS

Name of Insurance Institution:	Policy Number:	Amount of Insurance:	Effective Date(s) Begin: End:
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ADDITIONAL INFORMATION REQUIREMENT

- Included with this permit/registration application the following information must be attached:
1. Disaster Response and Evacuation Plan
 2. A complete inventory of each large carnivore according to species
 3. Microchip Identification number, manufacturer information, and name and address of veterinarian inserting the microchip

OWNER'S REQUIREMENTS AND RESPONSIBILITIES

I agree to comply with all provisions of the Large Carnivore Act and the rules and regulations promulgated thereunder. Appropriate fee(s) is enclosed with this application. I certify the information on this application is true and correct to the best of my knowledge and belief.

Signature of Owner/Authorized Representative:	DATE
(REQUIRED BEFORE PERMIT/REGISTRATION MAY BE ISSUED)	