

FEEDLOT \_\_\_\_\_  
LOCATION \_\_\_\_\_  
MONTH \_\_\_\_\_ 20\_\_

ARIZONA DEPARTMENT OF AGRICULTURE  
FEEDLOT RECEIVING FORM

DATE	SELLER/LESSEE NAME	SELLER/LESSEE ADDRESS, CITY, STATE	# OF HEAD	DESCRIPTION	PEN #	OUT-OF-STATE			IN-STATE
						CVI #	PERMIT #	OFFICIAL ID	FORM 1 OR SI CERT #

\*THIS FORM SHALL BE REMITTED TO THE DEPARTMENT NO LATER THAN 10 DAYS AFTER THE MONTH IN WHICH IT WAS USED\*