



ASA HUTCHINSON
GOVERNOR

ARKANSAS AGRICULTURE DEPARTMENT

ARKANSAS FORESTRY COMMISSION
ARKANSAS LIVESTOCK & POULTRY COMMISSION
ARKANSAS STATE PLANT BOARD

1 NATURAL RESOURCES DRIVE, LITTLE ROCK, AR 72205 | (501) 225-1598 | AAD.ARKANSAS.GOV



WES WARD
SECRETARY OF AGRICULTURE

CASTRATION AFFIDAVIT

I, _____, will castrate the bull designated as
(owner name)

_____, within seven (7) days of purchase in
(USDA tag number)

accordance with Arkansas trichomoniasis regulations.

I, _____, declare under penalty of perjury that the foregoing is true and correct. I acknowledge that the Arkansas Livestock and Poultry Commission has full authority for the control, suppression, and eradication of livestock disease and that violators of law/regulations are subject to civil and criminal penalties (A.C.A. §2-33-107; §2-40-101).

<p>Owner's Name: _____</p> <p>Owner's Address: _____</p> <p>_____</p> <p>_____</p>
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