

Date Received Amount of check     Date 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       Redity Name:     City:     State:     Zip:       County:     GPS Coordinates:     Business Phone Number:     Zip:       Address:     City:     State:     Zip:       County:     GPS Coordinates:     City:     State:     Zip:       Address:     City:     State:     Zip:       County:     Clinic Phone Number:     Zip:       Veterinarian:     Clinic Phone Number:     Effective Date(s) Begin: End:       Address:     Policy Number:     Amount of Insurance:     Effective Date(s) Begin: End:       ADDITIONAL INFORMATION REQUIREMENT     Amount of Insurance:     Effective Date(s) Begin: End:       Insuster Response and Evacuation Plan     Amount of Insurance:     Ind: End:       1. Disaster Response and Evacuation				Check Number					
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