

INDIANA LIVESTOCK DEALER / MARKET BUSINESS REPORT

State Form 51025 (R4 / 3-25) INDIANA STATE BOARD OF ANIMAL HEALTH

Under IC 15-17-14 and 345 IAC 7-3.5 a person holding a livestock dealer license must submit to the state veterinarian a completed copy of this annual report of the licensee's livestock dealing. A licensee's annual report must be submitted to the state veterinarian between January 1 and April 15 of each year and must cover the prior year's business.

A livestock dealer that is registered with the United States Department of Agriculture Grain Inspection, Packers and Stockyards Administration (USDA P&S), may submit a copy of their most recent USDA P&S report in lieu of this annual report form.

LICENSEE INFORMATION								
Name(s) of licensee/lic		Tele (Telephone Number ()					
Mailing address of licensee (number and street)			City	Sta	ate	ZIP code		County
Type of Organization:								
If registered as a business, is this business registered with the Indiana Secretary of State? ☐ Yes								
List all agents that are currently covered by this license (first listed agent should be primary contact). Attach separate sheet if necessary.								
Name		Mailing address (number, street, city, state, zip)			Telephone number		Email address	
BOND INFORMATION For the period covered by this report:								
Total cost of livestock purchased on a dealer basis (or as a packer) for your account:								
\$								
Total cost of livestock purchased for the account of others (Include livestock you purchased but that was billed direct to customer by seller and paid for by customer to seller.): \$								
Total gross value of livestock sold on commission: \$								
LIVESTOCK PURCHASES								
For the period covered by this report								
Number of Head Purchased by This Dealer:	Hogs	Cattle	Equine	Sheep	Goats Dee		er/Elk	All Other
Number of Head Consigned by Others to Market's Firm for Sale:	Hogs	Cattle	Equine	Sheep	Goats	Goats Dee		All Other
CERTIFICATION								
I certify that the fol belief, said report					n, and that to	the best of ı	my knov	vledge and
Print first and last name of Owner, Partner, or Responsible Officer, if a business entity						Title		
Signature of Owner, Partner, or Responsible Officer, if a business entity						Date (month, day, year)		
This report is for business conducted in the following time period (MM/YYYY – MM/YYYY):								