

**SHEEP AND GOAT IDENTIFICATION
TAG REORDER FORM**

Owner Name: _____

Farm Name: _____

Address: _____
(Mailing Address) (City) (State) (Zip Code)

For more information, please call 405-522-6124

Return this form to the following address:

**ODA Animal Industry Services
2800 N Lincoln
Oklahoma City, OK 73105**

Or you may FAX this to 405-522-0756

FOR OFFICE USE ONLY

Premise ID Number _____

Number of Tags Issued: _____

Low Tag _____

High Tag _____

Date Mailed: _____

Pliers Issued _____