

LIVESTOCK INPUT INVENTORY



Year _____ Name _____

List all livestock inputs except feedstocks.

Office Use Only	Complete Product Name	Manufacturer	Purpose for Use	Status
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed

LIVESTOCK INPUT INVENTORY



Year _____ Name _____

List all livestock inputs except feedstocks.

Office Use Only	Complete Product Name	Manufacturer	Purpose for Use	Status
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed
				<input type="checkbox"/> Received MOSA approval for use <input type="checkbox"/> Proposed for use, ingredients provided <input type="checkbox"/> OMRI listed

WEBSITE: www.mosaorganic.org

ADDRESS: P.O. Box 821, 122 West Jefferson Street, Viroqua, WI 54665

EMAIL: mosa@mosaorganic.org PHONE: 608.637.2526 FAX: 608.637.7032

10LIVEINV1F.doc
Effective Date: 12.2.09

Page 2 of 2