PREMISE/FARM IDENTIFICATION FORM

(A premise is the location where livestock resides or is co-mingled, an identifiable land parcel described by a deed)

PREMISE ACCOUNT INFORMATION (Please PRINT All Information)

Business/Farm Name _____________________________________________________________

Primary Contact/Owner ____________________________ Secondary Contact (optional) ____________________________

Business/Farm/Owner Mailing Address ______________________________________________

City ____________________________ State ______ Zip __________-____ County ____________

Phone ________-________-__________ ext. ________ ☐Business ☐Home ☐Cell ☐Fax ☐Pager

Phone ________-________-__________ ext. ________ ☐Business ☐Home ☐Cell ☐Fax ☐Pager

E-Mail Address (for confirmation purposes only) __________________________________________

BUSINESS TYPE (check one) ☐Individual ☐Incorporated Company ☐State or Federal Government Entity
☐Limited Liability Company ☐Limited Liability Partnership ☐Non-Profit Organization ☐Partnership

PRIMARY PREMISE REGISTRATION (Please PRINT all information)

Premise Name/Description (example “home place”) __________________________________________

Premise Address (physical location, no P.O. Box).
☐Premise Address is the same as Business/Farm Account Mailing Address
☐Premise Address is unknown. (List road name and mileage/direction from nearest intersection.)
☐Premise Address is:

____________________________________________________________________________________

City __________ State ______ Zip ______-____ County ______

GPS Coordinates (if known, optional): Latitude _____-______ Longitude _____-______

PREMISE TYPE (check all that apply) ☐Farm ☐Clinic ☐Exhibition ☐Laboratory ☐Market/Collection Point
☐Non-Producer Participant ☐Port of Entry ☐Quarantine Facility ☐Rendering ☐Slaughter Plant ☐Tagging Site
SPECIES AT PREMISE (check all that apply) □ Dairy Cattle □ Beef Cattle □ Bison □ Swine □ Sheep □ Goats □ Horses □ Poultry □ Deer and Elk □ Llama/Alpaca □ Emu/Ostrich □ Aquaculture □ Rabbits □ No Species

Additional Secondary Premise Information (If registering more than main premise)

Premise Name/Description (example “home place”) _______________________________________________________________

Premise Address (physical location, no P.O. Box)

□ Premise Address is unknown. List road name and mileage/direction from nearest intersection.

□ Premise Address is:

________________________________________________________________________________________

City __________ State ______ Zip ______ - ______ County ____________

GPS Coordinates (if known, optional): Latitude____ - ______ Longitude _____ - ______

PREMISE TYPE (check all that apply) □ Farm □ Clinic □ Exhibition □ Laboratory □ Market/Collection Point □ Non-Producer Participant □ Port of Entry □ Quarantine Facility □ Rendering □ Slaughter Plant □ Tagging Site

SPECIES AT PREMISE (check all that apply) □ Bison □ Dairy Cattle □ Beef Cattle □ Swine □ Sheep □ Goats □ Horses □ Poultry □ Deer and Elk □ Llama/Alpaca □ Emu/Ostrich □ Aquaculture □ Rabbits □ No Species □ Other _______________________

Producer/Contact Signature

________________________________________

Signature of Person Completing Form

________________________________________

Mail To: West Virginia Department of Agriculture
Animal Health Division
1900 Kanawha Boulevard, East
Charleston, WV 25305-0172

Fax To: 304-558-2231

For More Information Contact: Shelly Lantz
304-558-2214
slantz@wvda.us

Or Email To: slantz@wvda.us

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