



**West Virginia Department of Agriculture**

1900 Kanawha Blvd. E., Charleston, WV 25305  
304-558-3550

**Kent Leonhardt**  
Commissioner

**Dr. James Maxwell**  
State Veterinarian

**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:**

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[slantz@wvda.us](mailto:slantz@wvda.us)

**Or Email To:** [slantz@wvda.us](mailto:slantz@wvda.us)