



West Virginia Department of Agriculture

1900 Kanawha Blvd. E., Charleston, WV 25305

304-558-2214

PREMISES/FARM IDENTIFICATION FORM

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

PREMISES 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

Phone _____ - _____ - _____ ext. _____ ☐ Business ☐ Home ☐ Cell

E-Mail Address _____

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

PRIMARY PREMISES REGISTRATION (Please PRINT all information)

Premises Name/Description (farm name) _____

Premises Address (**PHYSICAL LOCATION OF THE ANIMALS, no P.O. Box**).

☐ Premises Address is the same as Business/Farm Account Mailing Address

☐ Premises Address is unknown. (List road name and mileage/direction from nearest intersection.)

☐ Premises Address is:

City _____ State _____ Zip _____ - _____ County _____

GPS Coordinates Latitude _____ - _____ Longitude _____ - _____

PREMISES 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 PREMISES (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 Premises Information (If registering more than main premise)

Premises Name/Description (farm name) _____

Premises Address (**PHYSICAL LOCATION OF THE ANIMALS, no P.O. Box**).

☐ Premises Address is unknown. List road name and mileage/direction from nearest intersection.

☐ Premises Address is:

City _____ State _____ Zip _____ - _____ County _____

GPS Coordinates: Latitude _____ - _____ Longitude _____ - _____

PREMISES TYPE (check all that apply) ☐ Farm ☐ Clinic ☐ Exhibition ☐ Laboratory ☐ Market/Collection Point
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SPECIES AT PREMISES (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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