



Animal Health Division
West Virginia Department of Agriculture
 1900 Kanawha Blvd. E., Charleston, WV 25305
 304-558-2214

Kent Leonhardt
 Commissioner

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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