Premises Registration Form

PRIMARY CONTACT: _____ _____ _____
FIRST NAME MIDDLE INITIAL LAST NAME

BUSINESS OR FARM NAME: _____

BUSINESS OR HOME MAILING ADDRESS: _____

CITY: _____, OHIO **ZIP**: _____ **COUNTY**_____

PHONE #: _____ - _____ - _____ ext: _____ (□ Business □ Home □ Cell)

PHONE #: _____ - _____ - _____ ext: _____ (□ Business □ Home □ Cell)

E-mail address: _____

(For confirmation purposes and a quick alert in the event of a disease outbreak in your area)

PREMISES NAME/DESCRIPTION: _____ (example "home place", "heifer place")

ADDRESS WHERE LIVESTOCK ARE LOCATED (P.O. Box # is not valid):

_____

CITY: _____, OHIO **ZIP**: _____ **COUNTY**: _____

PREMISES TYPE: □ Farm, Producer Unit, or Hobby Farm □ Clinic □ Exhibition □ Laboratory
(Check all that apply) □ Market/collection point □ Rendering □ Slaughter plant □ Non-producer participant

SPECIES ON PREMISES: □ Aquaculture
(Check all that apply) □ Bovine (beef, dairy, bison)
(Circle species if applicable) □ Camelids (llamas, alpacas)
□ Equine (horses, donkeys, mules)
□ Ratites (rheas, ostriches, emu)
□ Poultry (chickens, turkeys, geese, ducks, guinea fowl)
□ Cervidae (deer, elk, moose, caribou, reindeer, etc.)
□ Goats
□ Sheep
□ Swine
□ Pheasants
□ Quail

PRODUCER/CONTACT SIGNATURE: _____
(SIGNATURE REQUIRED)

Return forms to: Ohio Department of Agriculture, Division of Animal Health
8995 E. Main Street Reynoldsburg, OH 43068 or fax to 614-728-6310
Completed forms may also be e-mailed to cindy.bodie@agri.ohio.gov

For questions contact ODA at 614-728-6220 or animal@agri.ohio.gov Revised 2/9/21