

Kentucky Department of Agriculture Office of the State Veterinarian 100 Fairoaks Lane, Suite 252 Frankfort, Kentucky 40601 Phone 502-564-3956

Dr. Robert Stout State Veterinarian

## **PREMISE ACCOUNT INFORMATION** (please print clearly)

Business/Farm Name:					
Primary Contact/Owner	First Name	Middl	le name	Last name	
Secondary Contact:					
(*optional)	First Name	Middl	le name	Last name	
(If the farm is leased, the secondary contact for the					or will be the
Business/Farm mailing A (P.O. Boxes allowed her					
City:	State:	Zip:		County:	
Phone #:		ext:	(□ Busin	less $\Box$ Home $\Box$ Cell	□ Fax □ Pager)
Phone #:		ext:	_ (□ Busin	less $\Box$ Home $\Box$ Cell	□ Fax □ Pager)
Phone #:		ext:	(□ Busin	less $\Box$ Home $\Box$ Cell	□ Fax □ Pager)
E-mail address*:					
Business Type*: $\Box$ Ind (* check one) $\Box$ Lin	ividual □ Partne nited Liability Pa	-	-		poration
Operation Type*: □ Far (* check all that apply) □		on point $\Box$ ]	Non-produce	er Participant 🗆 Qua	
Producer/Contact Sign	ature*:				

## COMPLETE PREMISE INFORMATION ON THE BACK

Authorized Agent*: (* to be completed by authorized	agents only)	
Agent Name: Agent Organization:		Date:

## **PREMISE REGISTRATION**

A premise is the location where livestock resides or is co-mingled, an identifiable land parcel described by a deed. If you have more than one premise/farm, apply for multiple premises ID's.

## **Primary Premise Information:**

Premis	ses name/description:				(example "home place", "heifer place")
the roa	ses Address: Physical lo ad name and mileage/dire ck premise address is the	ction from the	nearest inters	ection.	llowed. If address is unknown, list address on the front
<b>OR</b> (if	f not the same as business	s/farm mailing	address)		
Premis	ses Address:				
City:		State:	Zip:		County:
	$ck \ all \ that \ apply) \square Non$		icipant		oratory □ Market/collection point □ Quarantine Facility □ Rendering
	es at Premises*: □ Cattle ck all that apply) □ Deer			eep □ Goat	s 🗆 Horses 🗆 Poultry
	wner the primary contact for t	· ·			
If no,	Primary Contact			Phone Numb	er
	Secondary Contact			Phone Numb	er
	ional Secondary Premis		n (optional):		
Premis	ional Secondary Premis		n (optional):		
Premis Premis	ional Secondary Premises name/description:		n (optional):		
Premis Premis City:	ional Secondary Premises ses name/description: ses Address: ses Type*: □ Producer U ck all that apply) □ Non	State: Jnit/Farm □ C	n (optional): Zip: linic  = Exhib icipant  = Por		
Premis Premis City: Premis (* check	ional Secondary Premises ses name/description: ses Address: ses Type*: □ Producer U ck all that apply) □ Non	State: Jnit/Farm □ C -producer Part plant □ Taggin e and Bison □	n (optional): Zip: Clinic	ition □ Lal	County: boratory □ Market/collection point □ Quarantine Facility □ Rendering
Premis Premis City: Premis (* check Specie (* check Is the or	ional Secondary Premises ses name/description: ses Address: ses Type*: □ Producer U ck all that apply) □ Non □ Slaughter p es at Premises*: □ Cattle ck all that apply) □ Deer wner the primary contact for the	State: Jnit/Farm □ C -producer Part plant □ Taggin e and Bison □ and Elk □ Lla	n (optional): Zip: linic	ition □ Lal	County: boratory □ Market/collection point □ Quarantine Facility □ Rendering
Premis City: Premis (* chec Specie (* chec	ional Secondary Premises ses name/description: ses Address: ses Type*: □ Producer U ck all that apply) □ Non □ Slaughter p es at Premises*: □ Cattle ck all that apply) □ Deer wner the primary contact for the	State: Jnit/Farm □ C -producer Part plant □ Taggin e and Bison □ and Elk □ Lla	n (optional): Zip: linic	ition □ Lal	County: boratory

Return forms to: Kentucky Department of Agriculture, State Veterinarian's Office, 100 Fairoaks Lane, Suite 252, Frankfort, Kentucky 40601. If you have any questions, please contact the State Veterinarian's Office at 502-564-3956. If you have more that two premises (animal locations), please request more forms.