



OHIO DEPARTMENT OF AGRICULTURE



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

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