

Animal Disease Traceability

Tony Frazier, DVM, State Veterinarian

PREMISES REGISTRATION FORM

Business/Farm Accour	nt Information:							
Primary Contact:First		Middle I	Middle Initial		Last			
Business/Farm Name:								
Secondary Contact: (Optional)	First	Middle	e Initial		Last			
Mailing Address:								
City:	State:	Zip:		County:				
(check one)	_IndividualPartn _IncorporatedLim				anization			
(check all that apply)	pe:Producer Unit/FarmClinicExhibitionLaboratoryMarket/Collection PointNon-producer ParticipantPort of EntryQuarantine FacilityRendering Slaughter PlantTagging Site							
Phone Number:			Business	. Home	Cell	Fax		
Phone Number:			Business	. Home	Cell	Fax		
Phone Number:			Business	- Home ——	Cell	Fax		
Producer/Contact Signatur	e:							
Office Use Only: (to be completed by authorized agen	its only)							
Agent Name		Date		Accoun	t No			
Agent Organization		Email Addr	mail Address					

Business	s/Farm Name:						
Premises Informati (Primary location where liveston	ock resides, if more than one	location and anima	ls are managed se	eparately, apply for mult	iple premises ID's)		
Premises name/descr	(example "home place", "heifer place")						
Premises Address:							
,	•	_State:	Zip:	County:_			
·	_Producer Unit/Farm _ _Non-producer Particip _Slaughter Plant	antPort o	_Exhibition of Entry0	Laboratory Quarantine Facility	_Market/Collection Point Rendering		
(check all that apply)	Cattle and Bison			Goats	_HorsesPoultry		
GPS Coordinates(option (Decimal Degrees)	Longitude						
Office Use Only: Premises No.:							
Additional Premise	s Information:						
Premises name/descr	iption:		(example	"home place","heifer pla	ace")		
Premises Address:							
City:		State:	Zip:	County:_			
(cneck one)	_Producer Unit/Farm _ _Non-producer Particip _Slaughter Plant	antPort o	Exhibition0	Laboratory Quarantine Facility	_Market/Collection Point Rendering		
Species at Premises: (check all that apply)	Cattle and Bisor			Goats	Poultry		
GPS Coordinates(optional): Latitude		Longitude					
Office Use Only: Premises No.:		_					

Return forms to:

Alabama Dept. of Agriculture Attn: Premises Registration 1445 Federal Drive

Montgomery, AL 36107 Fax: 334/240-7198 For questions, contact:

Premises support Phone: 334/240-7253

Email: animalid.premises@agi.alabama.gov