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
(☐ Market/collection point ☐ Rendering ☐ Slaughter plant ☐ Non-producer participant

SPECIES ON PREMISES: ☐ Aquaculture ☐ Goats
☐ Bovine (beef, dairy, bison) ☐ Sheep
☐ Camelids (llamas, alpacas) ☐ Swine
☐ Equine (horses, donkeys, mules) ☐ Pheasants
☐ Ratis (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

For questions contact ODA at 614-728-6220 or animal@agri.ohio.gov

Revised 2/9/21