



A Consumer Protection and Service Agency

# Office of the State Veterinarian

100 Fair Oaks Lane, Suite 252  
Frankfort, KY 40601  
Phone (502) 564-3956

**RICHIE FARMER**  
Commissioner

**DR. ROBERT STOUT**  
State Veterinarian

## PREMISE ACCOUNT INFORMATION *(please PRINT clearly, or type)*

Business/Farm Name \_\_\_\_\_

Primary Contact/Owner \_\_\_\_\_  
*First name Middle initial Last name*

Secondary Contact *(optional)* \_\_\_\_\_  
*First name Middle initial Last name*

IF THE FARM IS LEASED, the owner should be the Primary Contact and the leasor should be the Secondary Contact for the Premise Account.

Business/Farm Mailing Address *(P. O. Box allowed here)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Business\_\_ Home\_\_ Cell\_\_ Fax\_\_ Pager\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Business\_\_ Home\_\_ Cell\_\_ Fax\_\_ Pager\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Business\_\_ Home\_\_ Cell\_\_ Fax\_\_ Pager\_\_

E-mail address *(for confirmation purposes only)*: \_\_\_\_\_

**BUSINESS TYPE** Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Incorporated \_\_\_\_\_  
**(Check ONE only)** Limited Liability Corporation \_\_\_\_\_ Limited Liability Partnership \_\_\_\_\_  
Non-profit Organization \_\_\_\_\_

**OPERATION TYPE** Farm/Producer Unit \_\_\_\_\_ Clinic \_\_\_\_\_ Exhibition \_\_\_\_\_  
**(Check ALL that apply)** Laboratory \_\_\_\_\_ Port of Entry \_\_\_\_\_ Market/Collection Point \_\_\_\_\_  
Non-Producer Participant \_\_\_\_\_ Quarantine Facility \_\_\_\_\_  
Rendering \_\_\_\_\_ Slaughter plant \_\_\_\_\_ Tagging site \_\_\_\_\_

**Producer/Contact Signature** \_\_\_\_\_

## COMPLETE PREMISE INFORMATION ON BACK

### FOR AUTHORIZED AGENT USE ONLY

Agent Name \_\_\_\_\_ Date \_\_\_\_\_

Agent Organization \_\_\_\_\_

## PREMISE REGISTRATION (please PRINT clearly, or type)

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 premise IDs.

### Primary Premise Information

Premises Name/Description: \_\_\_\_\_  
*Sample descriptions: “home place”, “heifer place”*

Premises Address *(physical location, no P.O. Box)*. Check as appropriate:

- Premises Address is the same as Business/Farm Account Mailing Address on the front.  
 Premises Address is unknown. List road name and mileage/direction from nearest intersection.

Premises Address is: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_

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<b>PREMISES TYPE</b> (Check <b>ALL</b> that apply)	Producer Unit/Farm _____	Clinic _____	Exhibition _____	Laboratory _____
	Port of Entry _____	Market/Collection Point _____	Non-Producer Participant _____	
	Quarantine Facility _____	Rendering _____	Slaughter Plant _____	Tagging Site _____

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<b>SPECIES AT PREMISES</b> (Check <b>ALL</b> that apply)	Cattle and Bison _____	Swine _____	Sheep _____	Goats _____
	Horses _____	Poultry _____	Deer and Elk _____	Llama _____ Emu _____

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Is the owner the Primary Contact for this premise?  **YES.**  **NO.** If no,

Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

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### Additional Secondary Premises Information (OPTIONAL)

Premises Name/Description: \_\_\_\_\_

Premises Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_

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<b>PREMISES TYPE</b> (Check <b>ALL</b> that apply)	Producer Unit/Farm _____	Clinic _____	Exhibition _____	Laboratory _____
	Port of Entry _____	Market/Collection Point _____	Non-Producer Participant _____	
	Quarantine Facility _____	Rendering _____	Slaughter Plant _____	Tagging Site _____

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<b>SPECIES AT PREMISES</b> (Check <b>ALL</b> that apply)	Cattle and Bison _____	Swine _____	Sheep _____	Goats _____
	Horses _____	Poultry _____	Deer and Elk _____	Llama _____ Emu _____

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Is the owner the Primary Contact for this premise?  **YES.**  **NO.** If no,

Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**Return forms to:** KENTUCKY DEPARTMENT OF AGRICULTURE, Office of the State Veterinarian, 100 Fair Oaks Lane, Suite 252, Frankfort, KY 40601. If you have any questions, please contact (502) 564-3956.

If you have more than two premises (animal locations), please photocopy this form before completing, request more forms from the address above, or download from the Web at [www.kyagr.com](http://www.kyagr.com).