Oregon Department of Agriculture

Animal Health and Identification
635 Capitol Street NE
Salem, OR 97301
(503)986-4694
www.oregon.gov/oda/ahid

ANIMAL PREMISES REGISTRATION FORM

PURPOSE OF APPLICATION

DATE OF THIS APPLICATION	☐ Apply for a premises number	☐ Retire a premises number *(check reason below)*
	☐ Update contact information	Reason: ☐ Error ☐ Sold ☐ Merged ☐ Operation terminated, development ☐ Split

ACCOUNT INFORMATION

NAME: FIRST NAME	LAST NAME		
ALTERNATE CONTACT NAME: FIRST NAME	LAST NAME		
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
MAIN PHONE NUMBER		FAX NUMBER	
E-MAIL ADDRESS			

PREMISES INFORMATION *(If more than 1 premises, complete additional forms)*

NAME/DESCRIPTION OF PREMISES *(EXAMPLE: "Lazy Acres" "BACK 40" BARN #2")*			PREMISES NUMBER (IF KNOWN)
PHYSICAL ADDRESS (street address)			LONGITUDE/LATITUDE (IF KNOWN):
CITY	STATE	ZIP	COUNTY
PRIMARY CONTACT FOR THIS PREMISES: FIRST NAME		LAST NAME	
PHONE NUMBER		FAX NUMBER	

LEGAL DESCRIPTION OF LAND *(IF KNOWN)*

Township(s): Range(s): Section(s):

PREMISES OPERATION TYPE *(CHECK ALL THAT APPLY AT THIS PREMISES)*

☐ Production Unit (Farm or Ranch) ☐ Exhibition ☐ Rendering
☐ Market/ Collection Point ☐ Slaughter Plant ☐ Laboratory

SPECIES AT THIS PREMISES (CHECK ALL THAT APPLY):

☐ Alpaca & Llama ☐ Cattle – Beef ☐ Cattle – Dairy ☐ Goats ☐ Horses ☐ Sheep ☐ Swine ☐
Other_____

Signature of person applying_____