



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

### PREMISES 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 lessee should be the Secondary Contact for the Premises 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 PREMISES INFORMATION ON BACK

#### FOR AUTHORIZED AGENT USE ONLY

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

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

**PREMISES REGISTRATION** (please PRINT clearly, or type)

A "premises" is the location where livestock resides or is co-mingled, an identifiable land parcel described by a deed. If you have more than one premises/farm, apply for multiple premises IDs.

**Primary Premises 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 \_\_\_\_\_

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

**SPECIES AT PREMISES** (Check ALL that apply)  
Cattle and Bison \_\_\_\_\_ Swine \_\_\_\_\_ Sheep \_\_\_\_\_ Goats \_\_\_\_\_  
Horses \_\_\_\_\_ Poultry \_\_\_\_\_ Deer and Elk \_\_\_\_\_ Llama \_\_\_\_\_ Emu \_\_\_\_\_

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

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

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

**Additional Secondary Premises Information (OPTIONAL)**

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

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

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

**PREMISES TYPE** (Check ALL 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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Horses \_\_\_\_\_ Poultry \_\_\_\_\_ Deer and Elk \_\_\_\_\_ Llama \_\_\_\_\_ Emu \_\_\_\_\_

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

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

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**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).