



## NATIONAL PREMISES ID REQUEST FORM

\*Fill out completely\*

Name and/or Farm Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State/ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

### Species Raised/ Sold: Please Select All That Apply

Cattle      Sheep      Goats      Pigs      Horses      Deer

### Personal Contact Information for Premises / Animal Owners:

Name: \_\_\_\_\_

Address (if different than Premises Address): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address (if different than Premises Address): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Please submit via, fax (502) 573-1020 or email to [statevet@ky.gov](mailto:statevet@ky.gov)

