



Oregon
Department
of Agriculture

Animal Health and Identification
635 Capitol Street NE
Salem, OR 97301
(503) 986-4680
www.oregon.gov/oda/ahid

PREMISES REGISTRATION APPLICATION FORM

ACCOUNT CONTACT INFORMATION

Owner(s) of the Livestock

| | | | |
|--|-----------------------|---|---------------|
| First Name (primary contact) | Middle Initial | Last Name | |
| First Name (alternate contact) | Middle Initial | Last Name | |
| Business Name That You Operate As / Under | | | |
| Mailing Address | | | |
| City | State | Zip | County |
| Main Phone Number () | | Secondary Phone Number () | |
| Fax Number () | | Email Address | |

PREMISES INFORMATION & DETAILS

Actual Location of Livestock

| | | | |
|--|---|--|--|
| Name &/or Description of Premises (example: Lazy J Ranch, Back 40, etc.) | | | |
| Physical Address of Premises (street address) | | | |
| City | State | Zip | County |
| Geographic Description of Premises (if known) | | | |
| Township | Range | Section | |
| Latitude (ex: N44.12345) | | Longitude (ex: W119.12345) | |
| Premises Operation Type (check all that apply) | | | |
| <input type="checkbox"/> Production Unit (Farm or Ranch) | <input type="checkbox"/> Clinic | <input type="checkbox"/> Exhibition | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Market / Collection Point | <input type="checkbox"/> Non-Producer Participant | <input type="checkbox"/> Port of Entry | <input type="checkbox"/> Quarantine Facility |
| <input type="checkbox"/> Rending | <input type="checkbox"/> Slaughter Plant | <input type="checkbox"/> Tagging Site | |
| Type of Livestock You Keep At This Premises (check all that apply) | | | |
| <input type="checkbox"/> Cattle – Beef <input type="checkbox"/> Cattle – Dairy <input type="checkbox"/> Horses <input type="checkbox"/> Sheep <input type="checkbox"/> Swine <input type="checkbox"/> Chickens <input type="checkbox"/> Goat <input type="checkbox"/> Bison <input type="checkbox"/> Other _____ | | | |

Since this information is given voluntarily with the expectation of confidentiality, ODA may keep it confidential. ORS 192.502(4)

Signature of Applicant _____ **Date** _____