



# PREMISES REGISTRATION APPLICATION FORM

Return completed form to Oregon Department of Agriculture at 635 Capitol St., NE, Salem, OR 97301, AHForms@oda.state.or.us, or fax to (503) 986-4734. If you have any questions, please contact (503) 986-4680.

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 and/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"/> Rendering	<input type="checkbox"/> Slaughter Plant	<input type="checkbox"/> Tagging Site	
Type of Livestock (check all that apply)			
<input type="checkbox"/> Bison	<input type="checkbox"/> Cattle – Beef	<input type="checkbox"/> Cattle – Dairy	<input type="checkbox"/> Chickens
<input type="checkbox"/> Deer/Elk	<input type="checkbox"/> Goats	<input type="checkbox"/> Horses	<input type="checkbox"/> Llama/Alpacas
<input type="checkbox"/> Poultry – Other	<input type="checkbox"/> Rabbits	<input type="checkbox"/> Sheep	<input type="checkbox"/> Swine
<input type="checkbox"/> Other Livestock: _____			

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_