



Premises Registration Form

Step One: Account Set Up (Please Print Legible)

For questions, contact Animal Health: Phone: 802-828-2421 or e-mail: stephanie.parks@state.vt.us
Return forms to: Vermont Agency of Agriculture, Animal Health Section, 116 State Street, Montpelier, VT 05620-2901

Business/Farm/Ranch Account Information:

This is the contact information and mailing address for your livestock business entity. This address may be different than the location (premises) where the animals are kept or handled. The same account may include more than one premises.

Business/Farm Name: _____

Primary Contact:

First Name _____ Middle name _____ Last name _____

Secondary Contact*:

(* optional) First Name _____ Middle name _____ Last name _____

Business/Farm mailing Address: _____

City: _____ State: _____ Zip: _____ - _____ County: _____

Phone number: * _____ - _____ - _____ ext: _____ (Business Home Cell Fax Pager)

Phone number: _____ - _____ - _____ ext: _____ (Business Home Cell Fax Pager)

Phone number: _____ - _____ - _____ ext: _____ (Business Home Cell Fax Pager)

(*At least one phone number is required.)

Email address: _____

Business Type: Individual Partnership Incorporated Limited Liability Corporation
Limited Liability Partnership Non-profit Organization (check one)

Operation Type: Producer Unit/Farm/Ranch Clinic Exhibition Laboratory
Market/Collection Point Port of Entry Quarantine Facility Rendering
Slaughter plant Tagging site Non-producer Participant (check all that apply)

Business Account Security Information: (must complete this section)

This will allow only you to have secure access to your account information through our office and online. We recommend you keep these confidential. (e.g. combination of mother's maiden name and birthday)

User Name: _____ (Must be between 6-8 characters. (Can be letters or numbers. These are case sensitive)

Password: _____ (Must be between 6-8 characters. (Can be letters or numbers. These are case sensitive)

Step Two: Premises Registration (Please Print Legible)

For questions, contact Animal Health Section Phone: 802-828-2421 or e-mail: stephanie.parks@state.vt.us
Return forms to: Vermont Agency of Agriculture, 116 State Street, Montpelier VT 05620-2901

Premises Information:

This is the primary geographic location where livestock are kept or handled. For non producer participants, this is the location where the livestock related activity occurs. You may register more than one premises per account if they are operated as separate entities at different locations and animals are not frequently interchanged between the locations. Premises of a different operation type should register separately. Use a separate form to register additional premises.

Premises name/description: _____ (example "home place", "heifer place")

Premises Address: Check if same as business/farm account mailing address.

(This must be a physical address within Vermont it cannot be a box number.)s

OR (if not the same as business/farm mailing address)

Premises Address: _____

City: _____ State: _____ Zip: _____ - _____ County: _____

Premises Type:

- Producer Unit/Farm/ Ranch Clinic Exhibition Laboratory
- Market/Collection Point Port of Entry Quarantine Facility Rendering
- Slaughter plant Tagging site Non-producer Participant **(check one)**

Species at Premises:

- Aquaculture Cattle Bison Swine Sheep Goats Horses Poultry
- Cervids Camelids Emu **(check all that apply)**

This information may be accessed by animal health officials for disease trace back and animal health surveillance purposes.

Producer/Contact Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date _____
 Received by _____
 Entered by _____
 Confirmed by _____