Reset Form

INDIANA PREMISES IDENTIFICATION REGISTRATION

State Form 52009 (R8 / 2-15)

INDIANA STATE BOARD OF ANIMAL HEALTH
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Indianapolis, Indiana 46205-2898
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INSTRUCTIONS:

1. *Please type or print legibly.*
2. *Return forms to the above address.*
3. *For questions, contact BOAH support at the above telephone number or e-mail address.*

Purpose of this form *(check one)*	If update, enter premises identification number
☐ Register a premises for the first time ☐ Update information on a registered premises	

PART I – PREMISES INFORMATION (ANIMAL LOCATION)

Name of business / farm *(optional)*

Name / description of premises (*Example: "home," "heifer place"*)

Physical address of premises *(No PO Box) (number and street, city, state, and ZIP code)* | County

Is the premises' physical address also a mailing address?
☐ Yes ☐ No

Legal land description *(Required if no address applies)*
Township: _____ Range: _____ Section: _____

Geographic Information System (GIS) coordinates *(Suggested if premises has no address)*
Latitude: _____ Longitude: _____

Type of operation *(check all that apply)*
☐ Farm / Production Unit / Stable ☐ 4-H Participant Only ☐ Clinic ☐ Laboratory ☐ Slaughter Plant ☐ Port of Entry
☐ Market / Collection Point ☐ Exhibition / Show Site ☐ Zoo ☐ Research Facility ☐ Rendering ☐ Quarantine Facility
☐ Other: _____

Species at premises for purposes other than 4-H *(check all that apply)*
☐ Beef Cattle ☐ Chickens ☐ Swine ☐ Sheep ☐ Goats ☐ Horses ☐ Bison
☐ Dairy Cattle ☐ Turkeys ☐ Waterfowl ☐ Deer ☐ Elk ☐ Other Livestock: _____

Species at premises for 4-H purposes only *(check all that apply)*
☐ Beef Cattle ☐ Chickens ☐ Swine ☐ Sheep ☐ Horses
☐ Dairy Cattle ☐ Turkeys ☐ Waterfowl ☐ Goats ☐ Other Livestock: _____

PART II – CONTACT INFORMATION

This section specifies the contact information for an operation. Should an animal health emergency occur, the individual(s) listed will be contacted for appropriate notification. This process is essential to protecting the industry from the spread of disease.

Name of primary contact (*first, middle, last)*

☐ *Check if same as premises' physical address. (No PO Box)* | Mailing address of primary contact *(number and street, city, state, and ZIP code)* | County

Business telephone number	Home telephone number	Cellular telephone number	Fax number
( )	( )	( )	( )

E-mail address

Name of secondary contact (*first, middle, last)*

☐ *Check if same as premises' physical address. (No PO Box)* | Mailing address of secondary contact *(number and street, city, state, and ZIP code)* | County

Business telephone number	Home telephone number	Cellular telephone number	Fax number
( )	( )	( )	( )

E-mail address

If you have more than one premises (animal locations), please complete page 2 of this form.

INFORMATION ON ADDITIONAL PREMISES

Part of State Form 52009 (R8 / 2-15)

A unique premises identification number is required for each non-contiguous location associated with the sale, purchase, and/or exhibition of cattle, bison, swine, sheep, goats, and cervids. Sites under the same management but separated by no more than a county road may be considered contiguous and require only one premises identification number.

PART I – PREMISES INFORMATION

Premises name / description of premises (*Example: "home," "heifer place"*)

Physical address of premises *(No PO Box) (number and street, city, state, and ZIP code)* | County

Legal land description *(Required if no address applies)*

Township: _____ Range: _____ Section: _____

Geographic Information System (GIS) coordinates *(Suggested if premises has no address)*

Latitude: _____ Longitude: _____

Type of operation *(check all that apply)*

☐ Farm / Production Unit / Stable ☐ 4-H Participant Only ☐ Clinic ☐ Laboratory ☐ Slaughter Plant ☐ Port of Entry
☐ Market / Collection Point ☐ Exhibition / Show Site ☐ Zoo ☐ Research Facility ☐ Rendering ☐ Quarantine Facility
☐ Other: _____

Species at premises for purposes other than 4-H *(check all that apply)*

☐ Beef Cattle ☐ Chickens ☐ Swine ☐ Sheep ☐ Goats ☐ Horses ☐ Bison
☐ Dairy Cattle ☐ Turkeys ☐ Waterfowl ☐ Deer ☐ Elk ☐ Other Livestock: _____

Species at premises for 4-H purposes only *(check all that apply)*

☐ Beef Cattle ☐ Chickens ☐ Swine ☐ Sheep ☐ Horses
☐ Dairy Cattle ☐ Turkeys ☐ Waterfowl ☐ Goats ☐ Other Livestock: _____

PART II – CONTACT INFORMATION

This section specifies the contact information for an operation. Should an animal health emergency occur, the individual(s) listed will be contacted for appropriate notification. This process is essential to protecting the industry from the spread of disease.

Is the contact information for this location the same as the contact(s) listed on page 1? ☐ Yes ☐ No | *If no, complete the following:*

Name of primary contact (*first, middle, last)*

☐ *Check if same as premises' mailing address on page 1. (No PO Box)* | Mailing address of primary contact *(number and street, city, state, and ZIP code)* | County

Business telephone number ( ) | Home telephone number ( ) | Cellular telephone number ( ) | Fax number ( )

E-mail address

Name of secondary contact (*first, middle, last)*

☐ *Check if same as premises' mailing address on page 1. (No PO Box)* | Mailing address of secondary contact *(number and street, city, state, and ZIP code)* | County

Business telephone number ( ) | Home telephone number ( ) | Cellular telephone number ( ) | Fax number ( )

E-mail address

If you have more premises (animal locations) please complete additional sheets.