PREMISE INFORMATION

State Form 52010 (R5 / 4-12)

INDIANA STATE BOARD OF ANIMAL HEALTH
Discovery Hall
1202 East 38th Street, Suite 100
Indianapolis, IN 46205-2898
Telephone number: (317) 544-2400
Fax number: (317) 974-2011
E-mail: animalID@boah.in.gov

INSTRUCTIONS:

1. *Please type or print legibly*
2. *This form is to accompany State Form 52009, "Business/Farm Account Information".*
3. *Complete a premise form for each separate location where animals are housed. Sites under the same management but separated by no more than a county road may be considered contiguous.*
4. *Return forms to the address above.*
5. *For questions, contact BOAH support at the telephone number or e-mail address above.*

Name of Business / Farm	Page of

Part 2: PRIMARY PREMISE INFORMATION

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

Address of premise *(physical location, no PO Box)*

☐ Premise address is *same as Business / farm account address on page one of State Form 52009.*

☐ Premise address is unknown. Provide legal land description.

Township _____ Range _____ Section _____

☐ Premise address is *(number and street, city, state, and ZIP code)*

_____

Premise Type *(check all that apply)*

☐ Farm/Producer Unit/Stable ☐ Clinic ☐ Exhibition site (*show site*)_____
☐ Market/collection point ☐ Research Facility ☐ Non-producer Participant ☐ Quarantine Facility
☐ Rendering ☐ Slaughter plant ☐ Tagging site ☐ Zoo

Species at Premises *(check all that apply)*

☐ Cattle and Bison ☐ Swine ☐ Sheep ☐ Goats ☐ Horses
☐ Poultry ☐ Deer / Elk ☐ Camelid ☐ Emu / Ostrich

Is the contact for this location the same as the primary contact listed on Part 1 of State Form 52009? ☐Yes ☐No *(If no, fill out the information below.).*

Name of Primary contact *(first, middle, last)*	Telephone number ( ) - Ext.
Name of Secondary contact *(first, middle, last)(optional)*	Telephone number ( ) - Ext.

ADDITIONAL PREMISE INFORMATION

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

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