

Premises ID Registration Form

Registration Information:

Primary Contact Name _____

Secondary Contact Name _____

Owner Phone and Email Address _____

Physical 911 Address of the Animals _____

Owner Address if Different _____

Driving Directions for Physical Location of Animals _____

Operation Name _____

Premises Type (mark all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Exhibition Center/Fair/Show | <input type="checkbox"/> Port of Entry | <input type="checkbox"/> Research Facility |
| <input type="checkbox"/> Feed Mill | <input type="checkbox"/> Production Unit | <input type="checkbox"/> Slaughter Facility |
| <input type="checkbox"/> Feed Store | <input type="checkbox"/> Quarantine Facility | <input type="checkbox"/> Tagging Site |
| <input type="checkbox"/> Market/Collection Point | <input type="checkbox"/> Rendering Facility | <input type="checkbox"/> Veterinarian Clinic |

Species (mark all that apply):

- | | | |
|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> Aquaculture | <input type="checkbox"/> Canine | <input type="checkbox"/> Exotics |
| <input type="checkbox"/> Avian | <input type="checkbox"/> Caprine | <input type="checkbox"/> Feline |
| <input type="checkbox"/> Beef, Bison and Dairy | <input type="checkbox"/> Cervids | <input type="checkbox"/> Ovine |
| <input type="checkbox"/> Bison | <input type="checkbox"/> Dairy | <input type="checkbox"/> Porcine |
| <input type="checkbox"/> Camelid | <input type="checkbox"/> Equine | <input type="checkbox"/> Rabbits |

Please note a PO Box address is not acceptable for physical location of the animals.

Send completed form to:

Nebraska Department of Agriculture
P.O. Box 94787
Lincoln, NE 68509-4787

Or email:

agr.cvi.ne@nebraska.gov
Phone: 402-471-2351
Fax: 402-471-6893