

Authorized Agent*: *This box is designed to help you know who filled out this form from your office.*
(*to be completed by authorized agents only)

Agent Name: _____ Date: _____

Agent Organization: _____

Premises Information:

(Primary location where livestock resides, if more than one location and animals are managed separately, apply for multiple premises ID's)

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

Premises Address: Check if same as business/farm account mailing address
If it is the same check the box so you don't have to fill in the address again.

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

Premises Address: _____

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

Premises Type*: Producer Unit/Farm Clinic Exhibition Laboratory Market/collection point
(*check all) Non-producer Participant Port of Entry Quarantine Facility Rendering
 Slaughter plant Tagging site

Select what type applies best to this Premises. Generally speaking it is a Producer Unit/Farm

Species at Premises*: Cattle and Bison Swine Sheep Goats Horses Poultry
(*check all) Deer and Elk Llama Emu

Legal Land Description*: _____
(*required if no address) _____ Township _____ Range _____ Section

GEO Coordinates*: Latitude: _____ - _____ Longitude: - _____ - _____
(*Optional)

Additional Secondary Premises Information (optional):

Helpful hint—two separate locations managed differently means two separate premises. If the second farm is a few miles away and the producer moves animals from place to place regularly or it is pasture land the animals move to and from, It is recommended to be considered one premise.

Fill out the rest just like you did above.

Return forms to: Kansas Animal Health Department, 708 SW Jackson, Topeka, KS 66603-3714
For questions, contact KAHD support: Phone: 785-296-2326 or e-Mail: lvmarket@ink.org
If you have more than two premises (animal locations) please request additional sheets