



BUSINESS/FARM ACCOUNT INFORMATION

State Form 52009 (R3 / 2-10)

Please type or print legibly

Part 1:

This section specifies the contact information for an operation. In addition to this sheet, complete the information on an additional page for each site under this account. 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 disease spread.

Name of Business/Farm: _____

Mailing Address of Business/Farm: _____

City: _____ State: _____ ZIP: _____ - _____ County: _____

Primary Contact:

_____ *First name* _____ *Middle name* _____ *Last name*

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

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

Secondary Contact*:

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

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

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

Operation Type: Farm/Producer Unit/Stable Clinic Exhibition site (*show site*)
(*check all that apply*) Market/collection point Non-producer Participant Zoo Research Facility
 Quarantine Facility Rendering Slaughter plant Tagging site

Signature of Producer/Contact: _____ Date _____

Authorized Agent: (*to be completed by authorized agents only*) _____ None
Name of Agent: _____ Date: _____
Agent Organization: _____

COMPLETE INFORMATION ON ADDITIONAL PAGES FOR EACH SITE UNDER THIS ACCOUNT

Return forms to: Indiana State Board of Animal Health, 4154 N. Keystone Ave., Indianapolis, IN 46205
For questions, contact BOAH support: Phone: 317-544-2400 or email: animalID@boah.in.gov

Additional Premise Information

Part 2:

Complete a premise form for each noncontiguous location where animals are housed. Sites under the same management but separated by no more than a county road may be considered contiguous.

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

Premises Address: Check if same as business/farm account mailing address (no P.O. Boxes)

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

Premise Physical Address (no P.O. Boxes): _____

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

Primary Contact:

_____ *First Name* _____ *Middle name* _____ *Last name*

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

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

Secondary Contact*:

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

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

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

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

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

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

GIS Coordinates: Latitude: _____ Longitude: - _____
 (Optional)

If you have more than one premise (animal locations) please complete additional sheets.

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