

# Premise Information

TO ACCOMPANY STATE FORM 52009

State Form 52010 (R2 /11-05)

Page _____ of _____ Business Farm Name _____
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## Part 2:

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.

### Primary Premise Information

Premise Name/Description: \_\_\_\_\_

Premise Address (*physical location, no P.O. Boxes*). Check as appropriate: example "home place", "heifer place"

- Premise address is the same as Business/Farm account address on page one.
- Premise address is unknown. Provide legal land description.

\_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Section \_\_\_\_\_

Premise address is: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

#### 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 Premise (*check all that apply*):

- Cattle/Bison  Swine  Sheep  Goats  Horse  Poultry  Deer/Elk  Camelid  Emu/Ostrich

Is the contact for this location the same as the primary contact listed on part 1?

YES  NO If no, complete the following:

Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

### Additional Premise Information

Premise Name/Description: \_\_\_\_\_

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

Return forms to: Indiana State Board of Animal Health, 4154 N. Keystone Ave., Indianapolis, IN 46205

For questions, contact BOAH: 317-544-2400 or email: [animalID@boah.in.gov](mailto:animalID@boah.in.gov)

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Township\_\_\_\_\_  
Range\_\_\_\_\_  
Section Premise address is: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ County \_\_\_\_\_

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