



Texas Animal Health Commission

NATIONAL ANIMAL IDENTIFICATION SYSTEM PREMISES REGISTRATION

For information about online registration, go to: www.tahc.state.tx.us/animal_id/

Business / Farm Account Information:

Business / Farm Name: _____

Primary Contact: Dr. Mr. Ms. _____

Secondary Contact: Dr. Mr. Ms. _____

Business / Farm Mailing Address: _____

City: _____ State: TX ZIP + 4: _____ - _____ County: _____

Phone Number (10 digits): _____ Business Home Cell Fax Pager

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E-Mail: _____ (for notification purposes)

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

Operation Type: (check all that apply)
 Production Unit (Ranch, Farm, Feedlot, etc) Exhibition (Show Facility) Laboratory
 Market (Site where animals are sold) Non-Producer Participant (No animal ownership)
 Port of Entry Quarantine Facility Rendering Slaughter Plant
 Tagging Site (USDA approved) Vet Clinic

Species at Premises: (check all that apply)
 Bovine (Cattle, Bison) Swine Sheep Goats Equine Poultry
 Cervids (Deer, Elk) Ratites (Ostrich, Emu) Camelids (Llamas, Alpacas)

Premises Information:

(Primary location where livestock reside. If animals are managed as separate herds on separate locations without commingling, register multiple premises by attaching additional registration forms.)

Premises Name/Description: _____
(Example: "headquarters", "home place", "heifer place", "main yard")

Premises Physical (911) Address: Same as above OR _____

City: _____ State: TX ZIP + 4: _____ - _____ County: _____

GPS Coordinates at entrance: (Optional)
 Latitude: N ° Longitude: W °

**Do you participate in any of the following TAHC or other disease surveillance programs?
If so, please check all that apply and list your permit/facility/herd number(s).**

Scrapie Premises ID: TX _____

CWD Monitored: # _____

TB Accreditation: # _____

BR Certification: # _____

Cervidae TB Monitored: # _____

Cervidae TB Surveyed: # _____

Swine Validated: # _____

Swine Qualified: # _____

Feral Swine Holding: # _____

Waste Feeders: # _____

TB Commuter Herd: # _____

BR Commuter Herd: # _____

Quarantine Feedlot: # _____

Designated Pens: # _____

Market: # _____

First Point Testing: # _____

Slaughter Plant Est.: # _____

Dairy Permit: # _____

Fowl Registration: FR _____

Vet Code: # _____

Other:
: # _____

Other:
: # _____

I do NOT participate in any of the above programs.

Producer / Contact Signature: _____

(Required only if returning a hard copy of the form. Disregard if returning the form by e-mail.)

Please return completed registration to TAHC, Attn: NAIS Program.

By Mail:

P.O. Box 12966
Austin, TX 78711-2966

By Fax:

512-719-0729

By E-Mail:

TXPRS@tahc.state.tx.us

Premises ID number and NAIS account information will be sent to you via e-mail or post (if no e-mail address was provided).

If you need assistance or have questions, please contact TAHC at 1-800-550-8242 or TXPRS@tahc.state.tx.us

TAHC USE ONLY

Account #:		Premises ID #(s):	
Entry Date & By:		UserID & Password:	