IOWA DEPARTMENT OF
IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP
LAND STEWARDSHIP

For	ID	AT		[	0	
For		AL		se	Un	$\mathbf{v}$
			$\sim$		<u> </u>	- / ·

By:

Date: \_\_\_\_\_ Premises ID#:

County:

Email: idals\_id@iowaagriculture.gov

It is extremely important that all livestock producers in Iowa have a Premises ID Number (PIN), and they should register every site where livestock are raised. If there is a foreign animal disease outbreak, the Iowa Department of Agriculture and Land Stewardship will use the PIN database to alert producers about potential exposures, quarantines, and other important disease-response information.

Time is critical during a foreign animal disease response. Registering livestock sites and making sure contact information is up to date will help state and federal animal health officials notify the owner/producer of affected sites faster. This gives state and federal animal health officials the best possible chance of controlling or slowing the outbreak.

Premises Identification Number	Application (I	Print Legibly)	Purpose of this form:	🗆 New	🗆 Renewal
--------------------------------	----------------	----------------	-----------------------	-------	-----------

**Premises Information** 

Premises ID numbers are assign	ed to the location	where the animal(s) reside.
--------------------------------	--------------------	-----------------------------

Name of Site: \_\_\_\_

911 Address of site:

City:

\_\_\_ State: IA Zip code: \_\_\_

Latitude (Decimal Degrees):

Phone: (888) 778-7675

\_\_\_\_\_ Longitude (Decimal Degrees):

## Site Owner Information (Owner of Land)

Please provide the best phone number where someone can be reached in the case of an emergency.	
Owner Name:	

Contact Information:	Name:						
		City, State, Zip Code:					
		County: Number:					
	Mobile Pl	hone Number:					
	Email: _						
Do you own multiple							
		Animal O	wner Informatio	on (Feed For?)			
Please provide the b	est phone	number where so	omeone can be ro	eached in the case	of an emergency.		
Owner or Company N							
Contact Information:							
	City, State	e, Zip Code:					
	County:						
	Phone Nu	umber:					
	Mobile Phone Number:						
	Email: _						
Do you own animals							
		Pre	mises Type (Che	eck all that apply)			
Producer Unit/Far	rm 🗌 Exhibition, Zoo		Market/Co	Market/Collection point		Port of Entry	
□ Tagging Site □ Vet		eterinary Clinic	Non-Producer Participant		🗆 Slaughter Plant		
□ Quarantine Facility □ Render		endering	Laboratory/Research		□Semen Collection/Embryo Tran		
Feed Mill     Truck Wash		uck Wash	□ Other				
		Spe	cies on Premises				
□ Cattle/Bison □	Swine	Poultry	□ Goats	□ Cervids	□ Camelids	🗆 Ratite	
□ Sheep □	Horses	□ Other					
Please mail complete					50319 or fax to (	515)281-4282	