

Texas Animal Health Commission



NATIONAL ANIMAL INFORMATION SYSTEM
PREMISES REGISTRATION

Business / Farm Account Information:

Business / Farm Name:

Primary Contact:

First Name Middle Name Last Name

Secondary Contact:

First Name Middle Name Last Name

Business / Farm Mailing Address:

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

Phone Number: () - G Business G Home G Cell G Fax G Pager

Phone Number: () - G Business G Home G Cell G Fax G Pager

Phone Number: () - G Business G Home G Cell G Fax G Pager

Business Type: G Individual G Partnership G Incorporated G Limited Liability Corporation
G Limited Liability Partnership G Non-Profit Organization

Operation Type: G Producer Unit/Farm G Clinic G Exhibition G Laboratory
G Market/collection point G Non-Producer Participant G Port of Entry
G Quarantine Facility G Rendering G Slaughter Plant G Tagging Site

Business Account Information:

Enter a User Name and Password that you will use to personally access your account information via the Internet in the National Animal Information System. Retain your User Name and Password for your records. This information is required should you need to modify or update information related to your account.

User Name: (8-12 characters - numbers or letters)

Password: (8-12 characters - numbers or letters)

Enter the E-Mail address to be used to immediately inform you of your Premise ID number. If an E-Mail address is not provided, notification of the Premises ID number will be delayed pending postal service delivery.

E-Mail: (for notification purposes)

Producer / Contact Signature:

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

Premises Information:

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

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

Premises Address:

Same as business/farm account mailing address
OR other address (if not the same as business/farm mailing address):
Premises Address:

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

Premises Type: Producer Unit/Farm Clinic Exhibition 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
(check all that apply) Poultry Deer and Elk Llama Emu

Legal Land Description:
(Optional)

_____ Township _____ Range _____ Section _____

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

Additional Secondary Premises Information (if applicable):

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

Premises Address:

Same as business/farm account mailing address
OR other address (if not the same as business/farm mailing address):
Premises Address:

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

Premises Type: Producer Unit/Farm Clinic Exhibition 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
(check all that apply) Poultry Deer and Elk Llama Emu

Legal Land Description:
(Optional)

_____ Township _____ Range _____ Section _____

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

Please return completed registration to TAHC.

By Mail:

TAHC
P.O. Box 12966
Austin, TX 78711-2966
Attn: NAIS Program

By Fax:

512-719-0729
Attn: NAIS Program

By E-Mail:

TXPRS@tahc.state.tx.us

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