



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: \_\_\_\_\_ ZIP +4: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ ☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager

Phone Number: \_\_\_\_\_ ☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager

Phone Number: \_\_\_\_\_ ☐ Business ☐ Home ☐ Cell ☐ Fax ☐ Pager

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

Operation 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

**Business Account Login information:**

User Name: \_\_\_\_\_ (minimum of 8 characters)

Password: \_\_\_\_\_ (minimum of 8 characters)

E-mail: \_\_\_\_\_ (for confirmation purposes only)

Producer / Contact Signature: \_\_\_\_\_

**To Be Completed By Authorized Agents Only**

Agent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Organization: \_\_\_\_\_

## 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: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Premises Type:

(check all that apply)

- ☐ Producer Unit/Farm   ☐ Clinic   ☐ Exhibition   ☐ Laboratory  
☐ Market/collection point   ☐ Non-producer Participant   ☐ Port of Entry  
☐ Quarantine Facility   ☐ Rendering   ☐ Slaughter Plant   ☐ Tagging Site

Species at Premises:

(check all that apply)

- ☐ Cattle and Bison   ☐ Swine   ☐ Sheep   ☐ Goats   ☐ Horses   ☐ Poultry  
☐ Deer and Elk   ☐ Llama   ☐ Emu

Legal Land Description:

(required if no address)

\_\_\_\_\_ Township

\_\_\_\_\_ Range

\_\_\_\_\_ Section

GPS Coordinates at entrance:

(Optional)

Latitude: \_\_\_\_\_ Longitude: - \_\_\_\_\_

## Additional Secondary Premises Information (if applicable):

Premises name/description: \_\_\_\_\_

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: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ County: \_\_\_\_\_

Premises Type:

(check all that apply)

- ☐ Producer Unit/Farm   ☐ Clinic   ☐ Exhibition   ☐ Laboratory  
☐ Market/collection point   ☐ Non-producer Participant   ☐ Port of Entry  
☐ Quarantine Facility   ☐ Rendering   ☐ Slaughter Plant   ☐ Tagging Site

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(check all that apply)

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☐ Deer and Elk   ☐ Llama   ☐ Emu

Legal Land Description:

(required if no address)

\_\_\_\_\_ Township

\_\_\_\_\_ Range

\_\_\_\_\_ Section

GPS Coordinates at entrance:

(Optional)

Latitude: \_\_\_\_\_ Longitude: - \_\_\_\_\_

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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

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