



WASHINGTON STATE ANIMAL HEALTH NETWORK APPLICATION

Washington State Department of Agriculture
Animal Services Division
Animal Identification Program
PO Box 42560 • Olympia WA 98504-2560
(360) 725-5493
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PURPOSE OF APPLICATION

NEW APPLICATION

UPDATE MY INFORMATION



Receive Animal Health News Alerts Only (if no box is checked, this is the default)

Join the Washington State Animal Health Network and receive information on animal health events that may affect my livestock or poultry (your information will be stored in a Washington state database).



Obtain a standardized Premises Identification Number (PIN) and Receive Animal Health News Alerts

Washington provides producers the option of having a PIN issued through the USDA premises identification number allocator when requested by the producer to order USDA 840 devices (Official Identification Tags / Microchips). Or you may apply online at <http://agr.wa.gov/FoodAnimal/AnimalID> (your information will be stored in a federal database).

This transitional form will be used until the new animal disease traceability plan is fully implemented.

At that time a state may manage and store producer information in a state database. WSDA will inform you when that occurs, and you may elect to switch from the federal database to the state database.

CONTACT INFORMATION (Your information to receive alerts)

FIRST NAME (REQUIRED)	M.I.	LAST NAME (REQUIRED)		
NAME OF BUSINESS		ALTERNATE CONTACT NAME		
MAILING ADDRESS (REQUIRED)		E-MAIL ADDRESS		
CITY (REQUIRED)	STATE (REQUIRED)	ZIP (REQUIRED)	COUNTY (REQUIRED)	
PRIMARY PHONE NUMBER (REQUIRED)		CELL OR OTHER PHONE NUMBER		

ANIMAL LOCATION (Complete additional forms if more than one site)

NAME/DESCRIPTION OF OPERATION (EXAMPLE: "HOME PLACE", "SUMMER PASTURE") (REQUIRED)	<input type="checkbox"/> Check if same as contact mailing address —No Post Office Boxes—		
PHYSICAL ADDRESS LOCATION OF ANIMAL(S) (NO P.O. BOXES) (REQUIRED)			
CITY (REQUIRED)	STATE (REQUIRED)	ZIP (REQUIRED)	COUNTY (REQUIRED)

This is a Farm or Ranch (if not, select type(s) from below)

<input type="checkbox"/> Clinic	<input type="checkbox"/> Exhibition	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Market/Collection Point	<input type="checkbox"/> Non-Producer Participant
<input type="checkbox"/> Port of Entry	<input type="checkbox"/> Quarantine Facility	<input type="checkbox"/> Rendering	<input type="checkbox"/> Slaughter Plant	<input type="checkbox"/> Tagging Site

Species at Site (Check All That Apply)

<input type="checkbox"/> Bovine (Cattle & Bison)	<input type="checkbox"/> Camelid (Alpaca & Llama)	<input type="checkbox"/> Caprine (Goats)
<input type="checkbox"/> Equine (Horses)	<input type="checkbox"/> Ovine (Sheep)	<input type="checkbox"/> Porcine (Swine)
<input type="checkbox"/> Poultry: <input type="checkbox"/> Chickens	<input type="checkbox"/> Ducks	<input type="checkbox"/> Emu
<input type="checkbox"/> Geese	<input type="checkbox"/> Guineas	<input type="checkbox"/> Pheasants
<input type="checkbox"/> Quail	<input type="checkbox"/> Turkeys	

THIS AREA COMPLETED BY ANIMAL HEALTH STAFF* *ONLY USED IF JOINING FEDERAL DATABASE	USERNAME	PASSWORD
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***Please complete all required fields to expedite processing of application
Participation is voluntary***

Visit our website at <http://agr.wa.gov/FoodAnimal/AnimalID/> for news or information on Animal ID tags



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 190 OLYMPIA WA

POSTAGE WILL BE PAID BY ADDRESSEE

WASHINGTON STATE DEPARTMENT OF AGRICULTURE
ANIMAL IDENTIFICATION PROGRAM
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