

SMALL HERD RAW MILK PERMIT REGISTRATION FORM

1. Name of responsible person for the small herd: _____

And business name (if applicable): _____

2. Physical location of small herd:

Street: _____

City/State/Zip _____

3. Mailing address of small herd (If different from physical location):

Street: _____

City/State/Zip _____

4. Phone number (home): _____

5. Phone number (cell): _____

6. E-mail address: _____

7. Type of animals and how many (cow, goat, sheep): _____

8. Verification of annual Veterinarian Tuberculosis tests for each animal (**proof of documentation from Veterinarian must accompany registration form and every year after**).

9. Verification of annual Brucellosis blood tests for each animal goat/sheep (**proof of documentation from Veterinarian/ISDA Lab must accompany registration form and every year after**).

10. Please list individual animal's permanent identification (such as ear tag number, or Brucellosis tag number, and names if applicable):

11. Submit label for approval.

12. Submit an **additional** label for approval for **each** raw milk product.

13. _____

Signature of Responsible Party

Date