

CWD Certified Monitored Herd Enrollment Packet

Illinois Regulations Pertaining to Cervids and Chronic Wasting Disease (CWD)

Any privately owned cervid regardless of participation or status in the Certified Monitored CWD Herd Program that dies from an unknown cause and has exhibited neurologic symptoms must be tested for CWD. This is accomplished by an accredited veterinarian removing the obex and medial retropharyngeal lymph nodes and submitting these samples for CWD testing to an approved laboratory. The official ear tag and accompanying skin must be submitted with the sample. The University of Illinois College of Veterinary Medicine Diagnostic Laboratory is the only approved laboratory within Illinois. However, an out of state lab may be used if the lab has obtained USDA approval for testing. Any cervid exhibiting symptoms consistent with CWD must be separated and isolated from other members of the herd and will be quarantined until the animal is either destroyed or determined not to have CWD. Animals quarantined for CWD will be subject to periodic inspection by Illinois Department of Agriculture personnel.

Requirements for Establishing and Maintaining Certified Monitored Chronic Wasting Disease (CWD) Herds

In addition to complying with Items 1-10 below, each herd owner must complete and return the CWD Certified Monitored Herd Agreement (Attachment A) and initial inventory (CWD Annual Herd Inventory, Attachment B).

1. Each premises where Cervidae are maintained within the program must be registered in the state premises registration system and be assigned a premises identification number (PIN). If the premises has not been registered, the herd owner must complete and return the Premises Registration Form (Attachment C)
2. Each animal in the herd must be identified using a means of identification specified in [9 CFR 55.25](#). The following are approved as official means of identification for Cervidae:
 - Tamper resistant official ear tags; either RFID or metal NUES tags
 - Official electronic implant
 - Visit [USDA APHIS Animal Disease Traceability](#) for a list of approved devices
 - a. In addition, the animal must be identified with a secondary identifier that is unique to the herd. Secondary identifiers include production ear tags, tattoos, and microchips.
 - b. All enrolled animals must be identified prior to attaining 12 months of age.
 - c. All animals of any age must be identified before being moved from the premises.
 - d. All animals in the herd must be identified before the annual herd inventory. If not identified prior to the herd inventory, the animal must be identified during the inventory process.

3. All herd premises must have perimeter fencing adequate to prevent ingress or egress of cervids.
4. Separate herds can be maintained provided that there is a minimum of 30 feet separation between perimeter fences and each herd has its own working facilities, water source, equipment, land use and separately maintained herd inventories and records.
5. Herd owners must immediately report to the Bureau of Animal Health and Welfare all animals 12 months of age or older that escape, disappear, die, are harvested, or are slaughtered.
 - a. The report must include the identification number(s) of the animal(s) and the estimated time and date of the event.
6. Any Cervidae 12 months of age or older that die, are harvested, or are slaughtered must have the obex and medial retropharyngeal lymph nodes submitted to an approved laboratory for CWD testing by an accredited veterinarian. The official ear tag and accompanying skin must be submitted with the sample.
 - a. An exception to this requirement can be made by the State Animal Health Official in the case of a mass casualty/mortality event such as hemorrhagic disease caused by Epizootic Hemorrhagic Disease Virus (EHDV) or bluetongue virus (BTV). Information about requesting an exemption for a hemorrhagic disease event can be found in [CWD Testing Exemptions for Program Herds](#).
7. Herd owners must maintain herd records including a complete inventory of animals. This inventory must be readily available and include all information from and any changes since the most recently completed inventory.
8. The herd is subject to an annual herd inventory.
 - An annual herd inventory (Attachment B) must be completed and verified by an Illinois licensed and accredited veterinarian or other individual authorized by the Illinois Department of Agriculture within 9-15 months from the anniversary date of the enrollment of the herd in the program.
 - The annual herd inventory may consist of either
 - a review of herd records combined with visual observation of the enclosed herd; or
 - a complete physical inventory with verification to reconcile all animals and identification with herd records.
 - A complete physical herd inventory must be conducted at least every three (3) years.

- Physical inventories may be conducted on unrestrained animals provided that visual inspection and verification of at least one required identification number and device per animal can be achieved.
 - The annual inventory must include
 - Unique identification, age, and sex of all animals in the herd
 - Disposition of all animals not present
 - Source of purchased additions
 - Documentation of all interstate movement
 - Signature of both the owner and the veterinarian verifying the inventory
9. Additions to the herd must be sourced from other herds enrolled in the Certified Monitored CWD Herd Program. Additions to the herd from herds of lower program status will result in the receiving herd reverting to the lower status.
10. All enrolled herds must comply with the provisions of the Illinois Diseased Animals Act and Rules.
11. Upon completion of the annual herd inventory and review by the Department, certification of herd monitoring will be issued by the Department. Herds will be certified as follows:
- Certified Herd, followed by the number of years of participation.
 - Certificates for Certified Monitored CWD Herds shall be valid for one year, unless revoked due to disclosure of CWD in the herd
 - Certificates shall be extended for a period of one year upon compliance with recertification requirements.

Diagnosis of CWD in the Herd

If CWD is diagnosed in a herd, the herd will be classified as CWD-Positive, quarantined, and a herd plan developed. The quarantine will remain in effect until either the herd has been depopulated or there has been no evidence of CWD in the herd for five (5) years from the date of the last case, and all animals that have died or have been slaughtered in the herd during that period were examined for CWD.

If a herd received an animal from an affected herd within 60 months prior to the death of the affected animal, the trace-forward herd will be classified as CWD-Exposed and a herd plan will be developed. A CWD-Exposed herd has two options:

1. The animal from the affected herd shall be removed and examined for CWD. If the animal is positive, the herd shall be classified as CWD-Positive, placed under quarantine for at least five (5) years, and a herd plan shall be developed. If CWD is not detected, a herd plan shall be developed which includes a five-year surveillance of the herd, with the mandatory reporting of the death of all animals and CWD examination.

2. If the trace-forward animal is not removed, the herd will be quarantined, and a herd plan developed. The herd will be under quarantine for five years, if the herd was participating in the Certified Monitored Chronic Wasting Disease program, and any surveillance done after the arrival of the trace animal will be counted as time in quarantine.

If an animal dies of CWD within 60 months after changing herds, the herd of origin shall be considered as the trace-back herd and be classified as CWD-Exposed. A herd plan will be developed, including a herd inventory with individual animal identification, verified by an approved accredited veterinarian, or a state or federal veterinarian. The herd will be quarantined for five years from the last case traced back to the herd with mandatory death reporting and CWD testing of all animals.

Movement or Change of Ownership WITHIN Illinois

For Cervidae changing ownership or moving within the State, the owner must obtain a permit issued by the Department prior to movement and the animal must originate from a herd that is enrolled in the Certified Monitored Chronic Wasting Disease (CWD) Program. The permit may be obtained by calling 217/782-4944 no more than 72 hours in advance of the movement of the cervids by providing the following information:

- Name and complete mailing address of person selling the cervids;
- Certified Monitored Chronic Wasting Disease number of the seller;
- Name and complete mailing address of person purchasing the cervids; and
- Number of animals, official ID and secondary ID numbers of the animals.

Import INTO Illinois

For Cervidae being imported into Illinois the veterinarian completing the certificate of veterinary inspection (CVI) must complete the [Request to Import Permit Form](#) at least 72 hours before move. The following information will be required:

- Name and address of both shipper and receiver
- Copy of CWD herd certificate with herd number and status
- Copy of Brucellosis certification or tests results if not certified
- Copy of Tuberculosis accreditation or test results if not accredited
- Accredited Veterinarian's clinic address, phone, and accreditation number
- Copy of the CVI with number of animals, official ID, and secondary ID for each animal
- Verification that the herd is not within 15 miles of any CWD found in the last 5 years in captive or wild Cervidae

Slaughter Cervids

Cervids entering or moving within Illinois for slaughter purposes must contact the Department within 72 hours of the shipment for a permit to move the animals. The following information will be required:

- Individual official identification and secondary identification of each animal to be slaughtered
- Owner's name and mailing address
- Name and address of the slaughter facility
- A certificate of veterinary inspection will meet this requirement but is not required

Packet Submission Guidelines

Once all enrollment requirements are completed, return the CWD Certified Monitored Herd Agreement (Attachment A) and initial inventory (CWD Annual Herd Inventory, Attachment B) to:

Mail: Illinois Department of Agriculture
Bureau of Animal Health and Welfare
P.O. Box 19281
Springfield, IL 62794

Email: agr.bahw@illinois.gov

Questions: Call 217/782-4944 or email agr.bahw@illinois.gov



CWD Certified Monitored Herd Management Agreement

Illinois Department of Agriculture
Bureau of Animal Health and Welfare
PO Box 19281
Springfield, IL 62794-9281
217/782-4944 • 217/558-6033 (fax)

Owner's Name _____ Herd Name _____

Mailing Address _____
Address City State Zip

County _____ Telephone Number _____

Email _____

Premises Registration Number _____ (Required)

Herds enrolled and participating in the Illinois CWD Certified Monitored Herd Program are required to comply with the following at all times:

- Each premises where cervidae are maintained must be registered in the state premises registration system and be assigned a premises registration identifier.
- Each animal in the herd must be identified using a means of identification specified in 9 CFR 55.25. (See attachment A).
- All enrolled animals must be identified prior to attaining 12 months of age.
- All animals of any age must be identified before being moved from the premises.
- All animals in the herd must be identified before the annual herd inventory. If not identified at the time of the herd inventory, the animal must be identified during the inventory process.
- All herd premises must have perimeter fencing adequate to prevent ingress and egress of cervids.
- Herd owner must immediately report to the Bureau of Animal Health and Welfare all animals 12 months of age or older that escape, disappear, die, are harvested, or are slaughtered.
 - The report must include the identification numbers of the animal and the estimated time and date of the event.
- The carcasses of all animals 12 months of age and over that die, are harvested, or are slaughtered must be sampled and tested for CWD.
- Herd owner must maintain herd records including a complete inventory of animals with the age, sex, date of acquisition and source, date of disposal and destination for animals removed from the herd, and all individual identification numbers for each animal.
- The herd is subject to an annual herd inventory.
 - Annual inventories may consist of a review of herd records combined with visual observation of the enclosed herd, or consist of a complete physical inventory with verification to reconcile all animals and identification with herd records.

- Annual inventories must be conducted by an Illinois licensed and accredited veterinarian or other individual authorized by the Illinois Department of Agriculture.
- A physical herd inventory is to be conducted every three years.
 - Physical inventories may be conducted on unrestrained animals provided that visual inspection and verification of at least one required identification number and device per animal can be achieved.
 - Physical inventories must be conducted by an Illinois licensed and accredited veterinarian or other individual authorized by the Illinois Department of Agriculture.
- Separate herds can be maintained provided that there is a minimum of 30 feet separation between perimeter fences and each herd has its own working facilities, water source, equipment, land use, and separately maintained herd inventories and records.
- Additions to the herd must be sourced from other herds enrolled in the CWD Certified Monitored Program. Additions to the herd from herds of lower program status will result in the receiving herd reverting to the lower status.
- Animals entering or leaving the herd must be accompanied by a movement permit issued by the Illinois Department of Agriculture and a valid certificate of veterinary inspection.
- All enrolled herds must be in compliance with the provisions of the Illinois Diseased Animals Act and Regulations.
- Only animals residing in enrolled herds are eligible for interstate movement.

As a participant in the federally approved Illinois CWD Certified Monitored Herd Program, I understand that failure to comply with the above stated requirements may result in a downgrade of herd status up to and including removal from the program.

Signature of Herd Owner

Date

Print Name

☐ Approved ☐ Not Approved

Enrollment Date

Illinois Department of Agriculture
Bureau of Animal Health and Welfare

Date

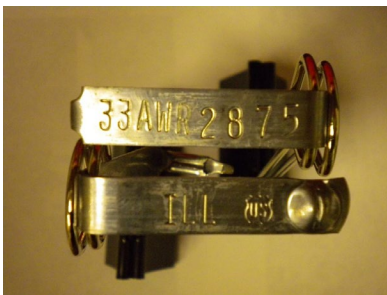
Animal Identification

Animals in the CWD Herd Certification Program must be identified in accordance with USDA regulations found in 9 CFR 55.25.

55.25 Animal identification.

Each animal required to be identified by this subpart must have at least two forms of animal identification attached to the animal. One of the animal identifications must be official animal identification as defined in this part, with a nationally unique animal identification number that is linked to that animal in the CWD National Database or in an approved State database. The second animal identification must be unique for the individual animal within the herd and also must be linked to that animal and herd in the CWD National Database or in an approved State database. The means of animal identification must be approved for this use by APHIS, and must be an electronic implant, flank tattoo, ear tattoo, tamper-resistant ear tag, or other device approved by APHIS.

Examples of Official Identification Tags



Metal tag with the U.S. shield. A limited supply is available through the Illinois Department of Agriculture by calling 217-782-4944. Many private veterinarians also use this style of tag so you can contact your herd veterinarian as well. These are also known as “bright” tags or NUES tags.



AIN (Animal Identification Number) Tag or 840 Tag. Available to producers who have registered their premises in the state premises registration system. These tags can be purchased through commercial tag distributors approved by the USDA.

Secondary Identifiers

These identifiers must be unique to the animal in the herd and can be tags or tattoos. Official identification tags can also be used as secondary identifiers. Tattoos or tags consisting of the herd CWD number followed by and individual animal number satisfy this requirement. (E.g. IL CWD 01-1). Tags with animal names should not be used as secondary identifiers.

Additional identification information can be found at the links below:

https://www.aphis.usda.gov/traceability/downloads/ADT_device_ain.pdf

<https://www2.illinois.gov/sites/agr/Animals/AnimalHealth/Pages/Captive-Cervid.aspx>

ANNUAL HERD SURVEY
CWD CERTIFIED MONITORED HERDS

Illinois Department of Agriculture
Bureau of Animal Health and Welfare
P.O. Box 19281
Springfield, IL 62794-9281
217/782-4944 • 217/558-6033 (fax) • Email AGR.BAHW@Illinois.gov

Owner's Name _____ Herd Name _____

Mailing Address _____

Address City State Zip Code

Herd Location Address (check box if same as mailing address) ☐

Address City State Zip Code

Telephone Number(s) _____

County _____ Email address _____

CWD Herd Number(s) _____

Premises Identification Number (PIN) _____

☐ Brucellosis Certified

☐ TB Accredited

Premises location (GIS or detailed description) _____

Species (elk, whitetail, fallow, sika, etc. be specific) _____

Purchased Additions (Since Last Inventory)

Seller Name	Seller Address	Approved, Official ID	Date of Purchase	Permit #

Important notice:

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 8 IL Reg. 85.120. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center.

IL406-1640 Rev 07/14

Disposition of Animals No Longer in the Herd (Change of Ownership Since Last Inventory) *

Buyer Name	Buyer Address	Approved, Official ID	Date of Sale	Permit #

*Attach documentation of all interstate movement

Mortalities: PLEASE NOTE FAILURE TO SUBMIT SAMPLES MAY RESULT IN REDUCTION OF STATUS, NECESSITY OF EQUIVALENT TEST OR SUSPENSION OF STATUS

Approved, Official ID	Date of Death	Submitted for CWD Testing	Too young To test/age	Laboratory	Accession #/comments
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		

Animal Inventory****check box if new to herd since last annual survey and mark NA or PA**

	Approved, Official ID	Other ID	Date of Birth	Sex	N.A.- Natural P.A.- Purchased **	If N.A., - Dam ID
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	

Total Number Animals _____ Species _____

Failure to submit paperwork required may result in a loss of status.**Owner's Statement**

I certify that the inventory contained herein is accurate and complete and the identification of the inventoried animals is in accordance with section 85.120 of the Illinois Diseased Animals Act Regulations. I understand that every three years, a physical inventory of the herd must be conducted which includes reading the official identification in each animal and confirming the identification with the herd records. I further understand that inaccuracies in this inventory may affect the CWD status of the cervidae in my possession.

Veterinarian's Statement

I certify that I am licensed and accredited in Illinois and that I have conducted this inventory of all animals in this herd. I have reviewed the herd records and compared them with the identification in the animals and find the inventory to be accurate and complete. Physical inventories must include reading the official identifier in each animal and verifying it against the herd records.

This is an Annual Inventory ☐This is a Physical Inventory ☐
(Conducted every three years)_____
Owner's Signature_____
Date_____
Veterinarian's Name (Print)_____
Veterinarian's Signature_____
Address_____
City State Zip Code

Animal Inventory (continuation)

****check box if new to herd since last annual survey and mark NA or PA**

[illegible]

Purchased Additions (Since Last Inventory) Continued

[illegible]

Disposition of Animals No Longer in the Herd (Change of Ownership Since Last Inventory) * Continued

[illegible]

*Attach documentation of all interstate movement



ILLINOIS PREMISES IDENTIFICATION REGISTRATION

Illinois Department of Agriculture
Bureau of Animal Health and Welfare
PO Box 19281
Springfield, IL 62794-9281
Telephone: 217-782-4944
Fax: 217-558-6033
Email: agr.premises@illinois.gov

Instructions:

1. Type or print legibly.
2. Return form by mail, email or fax listed in box at the top of this form.
3. A unique premises identification number (PIN) is recommended for each non-contiguous location associated with the sale, purchase, and/or exhibition of livestock. Sites under the same management but separated by no more than ¼ mile may be considered contiguous and require only one PIN. If you have more than one premises to register/update, complete page 2 of this form. For more information visit: <https://www2.illinois.gov/sites/agr/Animals/AnimalHealth/Pages/Premises-Registration.aspx>

Purpose of form (mark one): Register a premises for the first time Update information on an existing premises Existing premises number (if known): 00	Additional Information: Do you have other premises previously registered (mark one): YES NO Preferred method to receive premises registration card (mark one): MAIL EMAIL
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PART I – CONTACT/ACCOUNT HOLDER INFORMATION

This section specifies the **contact information** for the livestock premises. The primary contact should be the **premises/livestock owner**. For integrated industry, this should be the contract grower. A corporate office can be listed as a secondary contact if needed. This information will be utilized during an animal health emergency for notification purposes. This process is essential for protecting the industry from the spread of disease.

Name of business/farm:

Name of primary contact (first, middle, last)

Mailing address	City	State	Zip Code	County
Business telephone number	Home telephone number	Cellular telephone number	Fax number	

E-mail address

Name of secondary contact (first, middle, last) (optional)

Mailing address	City	State	Zip Code	County
Business telephone number	Home telephone number	Cellular telephone number	Fax number	

E-mail address

PART II – PREMISES INFORMATION

Name/Description of premises (Example: "home," "heifer place," "farrow to finish")	Address same as account			
911 Address (NO PO BOX/RR)	City	State	Zip Code	County

Geographic Information System (GIS) coordinates (taken from "front gate"; can obtain from online mapping system such as Google):

Latitude: Longitude:

Type of operation (check all that apply):

- | | | | | | |
|--|---|---|---------------------------------------|--|--|
| <input type="checkbox"/> Farm/Production Unit/Stable | <input type="checkbox"/> 4-H Participant Only | <input type="checkbox"/> Clinic | <input type="checkbox"/> Laboratory | <input type="checkbox"/> Slaughter Plant | <input type="checkbox"/> Port of Entry |
| <input type="checkbox"/> Market/Collection Point | <input type="checkbox"/> Zoo | <input type="checkbox"/> Research Facility | <input type="checkbox"/> Rendering | <input type="checkbox"/> Feed Mill | |
| <input type="checkbox"/> Truck Wash | <input type="checkbox"/> Quarantine Facility | <input type="checkbox"/> Exhibition Site (e.g. Fairgrounds) | <input type="checkbox"/> Other: _____ | | |

Species at premises (check all that apply)

- | | | | | | |
|---------------------------------------|-----------------------------------|------------------------------------|--------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> Beef Cattle | <input type="checkbox"/> Chickens | <input type="checkbox"/> Swine | <input type="checkbox"/> Sheep | <input type="checkbox"/> Horses | <input type="checkbox"/> Deer |
| <input type="checkbox"/> Dairy Cattle | <input type="checkbox"/> Turkeys | <input type="checkbox"/> Waterfowl | <input type="checkbox"/> Goats | <input type="checkbox"/> Bison | <input type="checkbox"/> Elk |
| <input type="checkbox"/> Other: _____ | | | | | |

PART II – ADDITIONAL PREMISES INFORMATION				
Name/Description of premises (Example: "home," "heifer place," "farrow to finish")				
911 Address (NO PO BOX/RR)	City	State	Zip Code	County
Geographic Information System (GIS) coordinates (taken from "front gate"; can obtain from online mapping system such as Google):				
Latitude: _____ Longitude: _____				
Type of operation (check all that apply):				
<input type="checkbox"/> Farm/Production Unit/Stable <input type="checkbox"/> 4-H Participant Only <input type="checkbox"/> Clinic <input type="checkbox"/> Laboratory <input type="checkbox"/> Slaughter Plant <input type="checkbox"/> Port of Entry <input type="checkbox"/> Market/Collection Point <input type="checkbox"/> Zoo <input type="checkbox"/> Research Facility <input type="checkbox"/> Rendering <input type="checkbox"/> Feed Mill <input type="checkbox"/> Truck Wash <input type="checkbox"/> Quarantine Facility <input type="checkbox"/> Exhibition Site (e.g. Fairgrounds) <input type="checkbox"/> Other: _____				
Species at premises (check all that apply)				
<input type="checkbox"/> Beef Cattle <input type="checkbox"/> Chickens <input type="checkbox"/> Swine <input type="checkbox"/> Sheep <input type="checkbox"/> Horses <input type="checkbox"/> Deer <input type="checkbox"/> Dairy Cattle <input type="checkbox"/> Turkeys <input type="checkbox"/> Waterfowl <input type="checkbox"/> Goats <input type="checkbox"/> Bison <input type="checkbox"/> Elk <input type="checkbox"/> Other: _____				

PART II – ADDITIONAL PREMISES INFORMATION				
Name/Description of premises (Example: "home," "heifer place," "farrow to finish")				
911 Address (NO PO BOX/RR)	City	State	Zip Code	County
Geographic Information System (GIS) coordinates (taken from "front gate"; can obtain from online mapping system such as Google):				
Latitude: _____ Longitude: _____				
Type of operation (check all that apply):				
<input type="checkbox"/> Farm/Production Unit/Stable <input type="checkbox"/> 4-H Participant Only <input type="checkbox"/> Clinic <input type="checkbox"/> Laboratory <input type="checkbox"/> Slaughter Plant <input type="checkbox"/> Port of Entry <input type="checkbox"/> Market/Collection Point <input type="checkbox"/> Zoo <input type="checkbox"/> Research Facility <input type="checkbox"/> Rendering <input type="checkbox"/> Feed Mill <input type="checkbox"/> Truck Wash <input type="checkbox"/> Quarantine Facility <input type="checkbox"/> Exhibition Site (e.g. Fairgrounds) <input type="checkbox"/> Other: _____				
Species at premises (check all that apply)				
<input type="checkbox"/> Beef Cattle <input type="checkbox"/> Chickens <input type="checkbox"/> Swine <input type="checkbox"/> Sheep <input type="checkbox"/> Horses <input type="checkbox"/> Deer <input type="checkbox"/> Dairy Cattle <input type="checkbox"/> Turkeys <input type="checkbox"/> Waterfowl <input type="checkbox"/> Goats <input type="checkbox"/> Bison <input type="checkbox"/> Elk <input type="checkbox"/> Other: _____				

PART II – ADDITIONAL PREMISES INFORMATION				
Name/Description of premises (Example: "home," "heifer place," "farrow to finish")				
911 Address (NO PO BOX/RR)	City	State	Zip Code	County
Geographic Information System (GIS) coordinates (taken from "front gate"; can obtain from online mapping system such as Google):				
Latitude: _____ Longitude: _____				
Type of operation (check all that apply):				
<input type="checkbox"/> Farm/Production Unit/Stable <input type="checkbox"/> 4-H Participant Only <input type="checkbox"/> Clinic <input type="checkbox"/> Laboratory <input type="checkbox"/> Slaughter Plant <input type="checkbox"/> Port of Entry <input type="checkbox"/> Market/Collection Point <input type="checkbox"/> Zoo <input type="checkbox"/> Research Facility <input type="checkbox"/> Rendering <input type="checkbox"/> Feed Mill <input type="checkbox"/> Truck Wash <input type="checkbox"/> Quarantine Facility <input type="checkbox"/> Exhibition Site (e.g. Fairgrounds) <input type="checkbox"/> Other: _____				
Species at premises (check all that apply)				
<input type="checkbox"/> Beef Cattle <input type="checkbox"/> Chickens <input type="checkbox"/> Swine <input type="checkbox"/> Sheep <input type="checkbox"/> Horses <input type="checkbox"/> Deer <input type="checkbox"/> Dairy Cattle <input type="checkbox"/> Turkeys <input type="checkbox"/> Waterfowl <input type="checkbox"/> Goats <input type="checkbox"/> Bison <input type="checkbox"/> Elk <input type="checkbox"/> Other: _____				

If you have more premises (animal locations) please complete additional sheets, or request a spreadsheet template from us at 217-782-4944 or agr.premises@illinois.gov