

NPIP Enrollment Request

Date:

Name _____

Address _____

Flock Location (if different) _____

County _____

Phone Number _____

Premise Identification Number if available _____

Email address _____

Please note that after receipt of this information the Bureau will forward it to the inspector or Department veterinarian in your area. If you do not hear from anyone within 10-14 days, please email AGR.NPIP@illinois.gov.

Press to Email

AGR.NPIP@illinois.gov