



# Scrapie Flock Registration

For additional information on the scrapie eradication program, and approved official ID devices, including RFID and tattoos, visit [www.aphis.usda.gov/animal-health/scrapie](http://www.aphis.usda.gov/animal-health/scrapie). Return the completed form to the Oregon Department of Agriculture by mail at 635 Capitol St, NE, Salem, OR 97301 or at [AnimalHealth@oda.oregon.gov](mailto:AnimalHealth@oda.oregon.gov).

## Flock Contact Information

**BUSINESS/FARM NAME**

**MAILING ADDRESS**

**CITY**

**STATE**

**ZIP**

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

**PRIMARY CONTACT NAME**

**PHONE NUMBER**

**EMAIL ADDRESS**

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

**SECONDARY CONTACT NAME**

**PHONE NUMBER**

**EMAIL ADDRESS**

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

## Flock/Herd Information

**SPECIES**

**BREED**

**# HEAD**

**PURPOSE/USE**

|                                                              |                      |                      |                      |
|--------------------------------------------------------------|----------------------|----------------------|----------------------|
| <input type="checkbox"/> Sheep <input type="checkbox"/> Goat | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Sheep <input type="checkbox"/> Goat | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Sheep <input type="checkbox"/> Goat | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Sheep <input type="checkbox"/> Goat | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If you have been issued a tattoo prefix by a breed registry, please include that information below:

**TATTOO PREFIX**

**BREED REGISTRY**

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

If you are new to the Scrapie Program or it is your first time ordering tags from the Program, you may receive scrapie flock tags (with your Scrapie Flock ID) for FREE **one time only** (up to 100 tags).

**SCRAPIE TAGS REQUESTED (SETS OF 20)**

# Premises Information

Please provide information for each premises to be associated with this Scrapie Flock ID. If a Premises ID is not known, one will be issued. Attach additional sheets if needed.

| PRIMARY PREMISES NAME AND/OR DESCRIPTION |       | PREMISES ID |
|------------------------------------------|-------|-------------|
|                                          |       |             |
| PHYSICAL ADDRESS                         |       |             |
|                                          |       |             |
| CITY                                     | STATE | ZIP         |
|                                          |       |             |
| COUNTY                                   |       |             |
|                                          |       |             |

| ADDITIONAL PREMISES NAME AND/OR DESCRIPTION |       | PREMISES ID |
|---------------------------------------------|-------|-------------|
|                                             |       |             |
| PHYSICAL ADDRESS                            |       |             |
|                                             |       |             |
| CITY                                        | STATE | ZIP         |
|                                             |       |             |
| COUNTY                                      |       |             |
|                                             |       |             |

| ADDITIONAL PREMISES NAME AND/OR DESCRIPTION |       | PREMISES ID |
|---------------------------------------------|-------|-------------|
|                                             |       |             |
| PHYSICAL ADDRESS                            |       |             |
|                                             |       |             |
| CITY                                        | STATE | ZIP         |
|                                             |       |             |
| COUNTY                                      |       |             |
|                                             |       |             |