



Veterinary Services



APHIS • USDA

OFFICE USE ONLY

Date: _____
Taken by: _____
Filled by: _____

Please check below if you want more information on the Volunteer Scrapie Flock Certification Program.
____ Yes, send info.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL PLANT HEALTH INSPECTION SERVICE/VETERINARY SERVICES
12304 Market Drive
Oklahoma City, OK 73114
Phone: 405-751-1701
Fax: 405-751-2344

SHEEP & GOAT ID TAG REQUEST FORM

Initial Order Reorder

Owner Name: _____

Farm Name: _____

Address: _____

(Mailing Address) (City) (State) (Zip)

(Phone) Home: _____ Work: _____ Cell: _____

Primary Breed: _____ Flock/Herd Size: _____

County: _____ Number of Tags Requested: _____

Email Address: _____

Tags will be issued in increments of 20. Request enough tags to identify animals that will be sold during the next 12 months.

Tagging pliers will be provided at no charge with the initial order.

By completing and signing this form, I certify that I am requesting official tags and/or a premise ID for the purpose of identification of sheep and goats in interstate commerce.

(Signature) for initial order only

(Date)

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Premise ID Number: _____ Number of Tags Issued: _____
Low Tag #: _____ High Tag #: _____
Date Mailed: _____ Pliers Issued: _____