FREE SHEEP / GOAT OFFICIAL ID TAG REQUEST FORM

Owner Name: _____

Farm Name: _____

Street Address: _____

City & State: _____ Zip Code:_____ County_____

Home Phone:_____ Work Phone: _____

Additional Phone Numbers_____

Mailing Address _____
(if different from Street Address)

Species (Please Circle): Sheep Goats Both

Primary Breed(s): _____

Number of Tags Requested _____ *(lots of 20)* Applicator: Yes / No

Return this form to the following address:

USDA, APHIS, VS

P.O. Box 787

Sutton, MA 01590

For more information, please call 508-363-2290 Toll free: 1-866-873-2824

Fax 508-363-2272

FOR OFFICE USE ONLY

Premise ID: _____ Process Date: ____/____/____ NO. Tags Ordered _____

No. Applicators: _____

Revised: 10/23/06