

OFFICE USE ONLY

Date: _____

Taken by: _____

Filled by: _____



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
http://www.aphis.usda.gov/animal_health/area_offices/states/oklahoma_info.html
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)

 (Date)

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Premise ID Number: _____ Number of Tags Issued: _____

Low Tag #: _____ High Tag #: _____

Date Ordered: _____ Pliers Issued: _____