



STATE OF DELAWARE  
 DEPARTMENT OF AGRICULTURE  
 2320 SOUTH DUPONT HIGHWAY  
 DOVER, DELAWARE 19901

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 SECRETARY

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**DELAWARE DEPARTMENT OF AGRICULTURE  
 POULTRY PREMISES REGISTRATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone Number: \_\_\_\_\_

Location of premise where poultry is kept: \_\_\_\_\_  
 \_\_\_\_\_

Poultry produced for: Self \_\_\_\_\_ Company \_\_\_\_\_ Name of company \_\_\_\_\_

List all species of poultry on premise: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of poultry on premises: \_\_\_\_\_

G.P.S. coordinates: \_\_\_\_\_ (if not known DDA will provide these)

General purpose of premise: (hobby, show, own consumption, eventual sale, commercial, etc.) \_\_\_\_\_  
 \_\_\_\_\_

Plan for on farm disposal of daily mortality: \_\_\_\_\_  
 \_\_\_\_\_

Commercial company personnel verification of disposal plan: \_\_\_\_\_  
 \_\_\_\_\_

I hereby agree to abide by the Poultry Disease Prevention Laws and Regulations of the State of Delaware and the Delaware Department of Agriculture. I will notify DDA if I have a change of address or contact information. **Poultry shall not be allowed to roam free on other people's property.**

Signature of Owner or Company Representative: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of DDA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this registration to:  
 Delaware Department of Agriculture, Poultry and Animal Health Section, 2320 South DuPont Highway,  
 Dover, DE 19901