

**CT SHEEP / GOAT IDENTIFICATION TAG REQUEST
ORDER FORM FOR VETERINARIANS**

Accredited
Veterinarian's Name: _____

Hospital Name: _____

Address: _____

City/State: _____ County: _____

Zip Code: _____

If hospital address is
different from mailing _____
address write mailing
address here _____

Phone Number: Home: _____ Work: _____
FAX: _____ Email: _____

Connecticut Veterinary License Number: _____

Type Tags: Circle one

Metal (1 piece tag) Plastic (2 piece tag)

Number of Tags: _____

Numbering System:
Serial Numbered

If tags issued: numbers _____ to _____

Return this form to:

State Veterinarian
Department of Agriculture
165 Capitol Avenue, Room G-8A
Hartford, CT 06106

Or FAX: 860-713-2548

For more information, call 860-713-2505

FOR OFFICE USE ONLY

PREMISES ID: _____ PROCESS DATE: _____ NO. TAGS ORDERED: _____

NO. APPLICATORS: _____
