



**DEPARTMENT of AGRICULTURE
and NATURAL RESOURCES**

JOE FOSS BUILDING
523 E CAPITOL AVE
PIERRE SD 57501-3182
danr.sd.gov

ANIMAL REMEDY REGISTRATION APPLICATION

Company Name

Applicant

Address

City, State Zip Code

Company Phone Number

Email Address

Website Address

Registration #:	_____
Receipt #:	_____
Registration Date:	_____
<i>(Office Use Only)</i>	

*Application is hereby being made for the registration of the below listed **Animal Remedies** according to the appropriate South Dakota Statutes. **All registrations shall expire on December 31st of each year.***

Number of Products _____X **\$75 Fee per Product** **Total Due Amount \$**_____

List **COMPLETE** name(s) of the products to be registered, *INCLUDING BRAND NAME(S)*:
SUBMIT ONE COMPLETE LABEL FOR EACH PRODUCT LISTED

Additional sheets may be attached, if necessary.

*Is name and/or address on label different than applicant?
Yes ___ No ___*

If yes, indicate company information after the product name.

I, _____, hereby certify that the information on and accompanying this application is true and correct in every particular and that the labels and labeling sent herewith are exact copies of the labels and labeling that will be used on the product(s) named herein and declare and affirm under the penalties of perjury that this application has been examined by me and to the best of my knowledge and belief, in all things true and correct.

Signature of Applicant (*printed above*) Date

Department of Agriculture and Natural Resources