



# SOUTH DAKOTA DEPARTMENT OF AGRICULTURE

## AGRICULTURAL SERVICES DIVISION

523 East Capitol Avenue

Pierre, SD 57501

Phone: 605.773.3796 Fax: 605.773.3481

sdda.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:	_____
<b>(Office Use Only)</b>	

*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 31<sup>st</sup> 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

\_\_\_\_\_  
Secretary of Agriculture