



**Ministry of Agriculture**  
 Plant and Animal Health Branch  
 Livestock Health Management  
 and Regulatory Unit

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# BISON ANNUAL INVENTORY AND TRANSACTION REPORT

**Part A: Licensee Information**

LICENSEE NAME	<i>Surname</i>	<i>First</i>	<i>Initial</i>	EMAIL ADDRESS	GAME FARM LICENCE NUMBER
MAILING ADDRESS		CITY		POSTAL CODE	PHONE NUMBER
FARM ADDRESS (IF DIFFERENT FROM ABOVE)		CITY		POSTAL CODE	CELL PHONE NUMBER
					PREMISES ID NUMBER

**Part B: Herd Inventory**

as of _____, 20__	MALES (M) OVER 1 YR	FEMALES (F) OVER 1 YR		MALES (B/C) UNDER 1 YR	FEMALES (H/C) UNDER 1 YR	TOTAL	LICENSEE COMMENTS
CURRENT YEAR							
PREVIOUS YEAR							
NET CHANGE (+/-)							

**Part C: Animal Transactions**

TRANSACTION DATE	GROUP CLASS	FEDERAL EARTAG NUMBER	NUMBER OF ADDITIONS				NUMBER OF DELETIONS				ABATTOIR UTILIZED OR DETAILS OF DEATH**	BUYER OR SELLER (NAME AND ADDRESS OR GAME FARM LICENCE NUMBER)
			B	P	I	S	K	E	D/ON	D/OFF		
<b>TOTALS THIS PAGE</b>												**per section 17 of Game Farm Regulation
<b>TOTALS ALL PAGES</b>												

**Legend**

GROUP CLASS	ADDITIONS	DELETIONS
M MALE	B BORN	S SOLD
F FEMALE	P PURCHASED	E EXPORTED
B/C BULL CALF	I IMPORTED	D/ON DEATH ON FARM
H/C HEIFER CALF	K SLAUGHTERED	D/OFF DEATH OFF FARM

**Part D: Declaration**

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE

**Part C: Animal Transactions (cont'd)**

TRANSACTION DATE	GROUP CLASS	FEDERAL EARTAG NUMBER	NUMBER OF ADDITIONS				NUMBER OF DELETIONS				ABATTOIR UTILIZED OR DETAILS OF DEATH**	BUYER OR SELLER (NAME AND ADDRESS OR GAME FARM LICENCE NUMBER)
			B	P	I	S	E	K	D/ON	D/OFF		
<b>TOTALS THIS PAGE</b>												

*\*\*per section 17 of Game Farm Regulation*

THE INFORMATION REQUESTED ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF PART 2 AND 3 OF THE ANIMAL HEALTH ACT, AND THE GAME FARM REGULATION. IF YOU HAVE ANY QUESTIONS ABOUT THE COLLECTION AND USE OF THIS INFORMATION, PLEASE CONTACT THE LIVESTOCK HEALTH MANAGEMENT AND REGULATORY UNIT.