



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

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 Abbotsford BC V3G 2M3
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 Fax: (604) 556-3015
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CERTIFICATE OF HEALTH (Fallow Deer/Reindeer)

Importer (Licensee)

NAME <i>Surname</i>		<i>First</i>		<i>Initial</i>	
GAME FARM LICENCE NUMBER		PREMISE ID NUMBER		PHONE NO.	
FARM ADDRESS			CITY		POSTAL CODE

Exporter

NAME <i>Surname</i>		<i>First</i>		<i>Initial</i>		PHONE NO.
FARM ADDRESS			CITY/PROVINCE		POSTAL CODE	

Animals Being Imported

SPECIES BEING IMPORTED	NO. OF HEAD	DATE OF IMPORTATION
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Animals Examined for Certificate (additional space on reverse side)

SEX	AGE	EARTAG NUMBER	SEX	AGE	EARTAG NUMBER	SEX	AGE	EARTAG NUMBER

Declaration

I HAVE INSPECTED THE ABOVE ANIMALS AND CERTIFY THEM TO BE FREE OF CLINICAL EVIDENCE OF INFECTIOUS DISEASE.

VETERINARIAN'S SIGNATURE		DATE
VETERINARIAN'S NAME (<i>printed</i>)		PHONE NO.
VETERINARIAN'S ADDRESS	CITY/PROVINCE	POSTAL CODE

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.

