

Application for Livestock Relocation Assistance Form 514

Event:	Date:	File No.:
EMBC Task No.:	Time:	<i>(Admin only)</i>
Incident No.:	Specific Area:	
Local Authority EOC:		

Originator Farm	Destination Farm/Site
Farm name:	Farm name/Site:
Contact person's name and position:	Contact person's name and position:
Contact telephone no.:	Contact telephone no.:
Contact fax no.:	Contact fax no.:
Contact cell phone no.:	Contact cell phone no.:
Contact e-mail address:	Contact e-mail address:
Farm address:	Farm address:
Livestock location address: <i>(if different from above)</i>	Livestock location address: <i>(if different from above)</i>
Do you have a farm of destination outside of the high risk area? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have agreements with the destination farm? (i.e., Animal Health, Vaccination, Breeding, Mortalities, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No

Livestock information:						
Type of Livestock	Number	Date to be Transported (if known)		Type of Livestock	Number	Date to be Transported (if known)
Lactating Dairy				Hogs		
Non lactating Dairy				Poultry		
Beef (cow/calf)						
Horse				Identification Marks/Tags:		
Sheep/goats						

Evacuation Planning:	
<input type="checkbox"/> Yes <input type="checkbox"/> No I have arranged transportation. The service provider who will submit invoices for payment OR <input type="checkbox"/> Yes <input type="checkbox"/> No I need assistance to arrange transportation	
I need a chute to load <input type="checkbox"/> Yes <input type="checkbox"/> No I need portable panels <input type="checkbox"/> Yes <input type="checkbox"/> No	I need a chute to <u>unload</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Description of evacuation route : _____ Map Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Access /Egress Impacted by livestock removal <input type="checkbox"/> Yes <input type="checkbox"/> No	
Livestock Owner has a return plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated return time after Rescind order? _____	

Form 514: Livestock Relocation Terms and Declaration

1. Eligibility:
 - The Provincial Support for Agricultural Businesses procedure has been activated by the Province. It defines the level of risk to agricultural businesses and the specific actions required to address the threat.
 - Call the Ministry of Agriculture toll free line at 1-888-221-7141 to confirm eligibility if necessary.
2. Conditions:
 - a. Eligible expenses will be paid as per the Livestock Rate Card.
 - b. Eligibility begins from the time an Evacuation Alert is issued and continues until 4 days after a "rescind order" is declared by the local government for that farm, unless a specific exception is approved by Emergency Management BC (EMBC). Note that an approved Form 514 is required.
3. The Province and/or the Local Authority is not liable for any loss, including any loss from injury, sickness, death or reduced production incurred by the source animal owner or the host farm or any personal injury liability.
4. Claims may be audited.
5. The information collected will be used for administering and evaluating the Livestock Relocation for this event. Confidential or personal information is subject to provisions of the *Freedom of Information and Protection of Privacy Act*.
6. As part of their normal operations, livestock care and transportation may be monitored by the Canadian Food Inspection Agency and/or animal care authorities.

Application completed by: (livestock owner) _____

I, _____ agree to the terms of the Livestock Relocation.

Signature _____ *Date* _____

Form to be submitted to your local authority Emergency Operations Centre (EOC),

(Admin only)	
Eligible for Agri- Business Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Estimated Feed Cost per day _____
Level of Threat : <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	Total Estimated Transportation Costs _____
Trigger point to move livestock: _____ _____	Total Cost _____
Application approved by AGRI:	EOC/PREOC Approval:
_____ <i>Name and Signature</i>	_____ <i>Name and Signature</i>
_____ <i>Position</i>	_____ <i>Time and Date</i>
_____ <i>Time and Date</i>	

Distribute completed form to:	• Planning Section	• PREOC Operations Section
• EOC Director	• Logistics Section	
• Operations Section	• Finance / Admin. Section	