

Ministry of Agriculture, Food & Fisheries Food Safety and Quality Branch Health Management & Reg.

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Part	A: Licensee Ir	nform	ation						inst was the state of	W 11 W	VARCE OF	11/2017			
LICENSEE NAME Surrame First								Initial L				LICENCE NUM	LICENCE NUMBER		
MAILING ADDRESS CITY									POSTAL CODE			FARM IDENTIFICATION NUMBER			
FARM ADDRESS (IF DIFFERENT FROM ABOVE)									POSTAL CODE		SPECIES FALLOW DEER REINDEER				
Part	B: Animal Ide	ntifica	ation												
SEX	REGISTRATION NO.	SEX	REGISTRATION NO.	SEX	REGISTRATION NO.	SEX	REGISTRATION NO.	SEX	REGISTRATION	NO. SEX	REGI	STRATION NO.	SEX	REGISTRATION NO.	
SUBTOTAL SUBTOTAL		SUBTOTAL		SUBTOTAL		SUBTOTAL		SUB	SUBTOTAL		SUBTOTAL				
Part C: Inventory							Part D: Declaration								
FARM INVENTORY AS OF 199				PROJECTED INVENTORY MALE: FOR NEXT YEAR			I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE.								
TOTALS MALE:				FEMALE:			SIGNATURE DATE								
FEMALE:				TOTAL:			Office Use Only COMMENTS								
UNUSE	TOTAL:			the au	ersonal information request thority of the Game Farm A	Act and is	subject to the provisions								
EARTAGS, NO TO				of the Freedom of Information and Protection of Privacy Act (SBC 1992, c.61). If you have any questions about the collection and use of this information, please contact the Health Management and			APPROVED						DATE		

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Part B: Animal Identification REGISTRATION NO. REGISTRATION NO. SEX REGISTRATION NO. REGISTRATION NO. SEX REGISTRATION NO. SEX REGISTRATION NO. SEX REGISTRATION NO. 10 11 11 12 12 13 13 14 15 15 16 16 17 17 18 18 19 19 20 20

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