



Province of
British Columbia

Ministry of Agriculture, Food and Fisheries
GAME FARMING

HEALTH CERTIFICATE

IMPORTER

Name _____ Health Certificate No. _____
 Mailing Address _____ Import Permit No. _____
 _____ Licence No. _____
 Farm Address (if different from above) _____ Farm I.D. No. _____
 Telephone _____
 Species to be imported _____ No. head: _____
 Date of importation _____

EXPORTER

Name _____
 Farm Address _____

 (province / state, country)

ANIMALS EXAMINED FOR CERTIFICATE (USE REVERSE SIDE FOR ADDITIONAL SPACE)

Sex	Age	Registration Number	Sex	Age	Registration Number

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 (printed): _____ Telephone: _____

Address: _____

FOR GOVERNMENT USE ONLY

Health Certificate received (date) _____

Import Permit Issued YES NO Date of Issue _____

Comments _____

Chief Veterinarian Authorization

Date

