



IMPORT PERMIT

IMPORTER

Name _____ Import Permit No. _____

Mailing Address _____ Licence No. _____

_____ Farm I.D. No. _____

Farm Address (if different from above) _____ Agriculture Canada Import Permit No. _____

Telephone _____ (if applicable) _____

Species to be imported _____ No. head: _____

Date of importation _____

EXPORTER

Name _____

Farm Address _____

(province / state, country)

Has this herd experienced any disease? YES NO

Please Specify _____

NOTE: THIS PERMIT IS VALID FOR SIX MONTHS AFTER DATE OF ISSUANCE.

I BELIEVE THE ABOVE IS ACCURATE AND TRUE and acknowledge that this application is cancellable at any time by the Chief Veterinarian. I further acknowledge that a B.C. Game Farm Health Certificate is required before animals may be imported into British Columbia.

Applicant's Signature

Date

Applicant's Name (printed): _____

FOR GOVERNMENT USE ONLY

Conditional Authorization YES NO

Comments _____

Health Certificate received and approved YES NO Import Permit forwarded (date) _____

Comments _____

Chief Veterinarian Authorization

Date