



Department of Agriculture

BEEF INDUSTRY INCENTIVE ENHANCED HERD HEALTH APPLICATION FORM

Form with fields: Full Name (including middle name), Business Name if applicable, SIN or Business Number (required for income tax reporting), Mailing address: (include civic address), Postal Code, Telephone #

TOTAL NUMBER OF BEEF BREEDING FEMALES IN HERD: _____

Administrator will call to make an appointment to inspect cattle, verify vaccine and dewormer purchases and complete the herd health questionnaire.

Date: _____ Applicant Signature: _____

Personal information on this form is collected under Section 31(c) of the Freedom of Information and Protection Privacy Act R.S.P.E.I. 1988, c. F-15.01 as it relates directly to and is necessary for Beef Quality Improvement Program and will be used for determining eligibility for program assistance and issuing tax related receipts. If you have any questions about this collection of personal information, you may contact the Beef Development Officer, PEI Department of Agriculture, PO Box 1600, Charlottetown, PE, C1A 7N3, 902-569-7639.

For office use only: Amount of Assistance: _____ Date: _____ Invoice #: _____ Account #: _____ Batch #: _____ Approval Signature(s): _____ Note: Supporting documentation is filed in the office of the Beef Development Officer, Department of Agriculture.

Please return the form to: Beef Development Officer, PEI Department of Agriculture, PO Box 1600, Charlottetown, PEI, C1A 7N3