



CATTLE HERD HEALTH ASSISTANCE PROGRAM

FOR OFFICE USE _____

NAME AND ADDRESS OF APPLICANT (Please Print)		
Name		
Farm Name		Farm Registration #
Address		
Telephone	Fax	Email

DETAILS OF APPLICATION	
TYPE OF HERD Dairy _____ Beef _____	
NUMBER OF CATTLE _____ (minimum 15 mature cows required to be accepted into program)	

APPLICANT'S DECLARATION	
I hereby apply to have my herd enrolled under the Nova Scotia Cattle Herd Health Assistance Program. I designate _____ provide services under this program to my herd. <small>(Veterinarian/Veterinary Practice)</small>	
_____ Date	_____ Signature of Applicant _____ Position (If Corporation or Partnership)

FOR DEPARTMENT OF AGRICULTURE USE	
DATE	APPROVED BY
Comments	