



MINK RANCH HEALTH ASSISTANCE PROGRAM

FOR OFFICE USE \_\_\_\_\_

|  |           |                           |
|--|-----------|---------------------------|
| NAME AND ADDRESS OF APPLICANT (Please Print) |           |                           |
| Name _____                                   |           |                           |
| Address / County / Postal Code _____         |           | Farm Registration # _____ |
| Farm Name _____                              |           | Site _____                |
| _____  |           | _____                     |
| _____  |           | _____                     |
| Telephone _____                              | Fax _____ | Email _____               |

|                         |                       |
|-------------------------|-----------------------|
| DETAILS OF APPLICATION  |                       |
| NUMBER OF FEMALES _____ | NUMBER OF MALES _____ |

|  |   |
|--|---|
| APPLICANT'S DECLARATION  |   |
| I hereby apply to have my herd enrolled under the Nova Scotia Mink Ranch Health Assistance Program. I designate _____ provide services under this program to my herd.<br><small>(Veterinarian/Veterinary Practice)</small> |   |
| <p style="text-align: center;">_____</p> <p style="text-align: center;">Date</p>   | <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of Applicant</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Position (If Corporation or Partnership)</p> |

|                                   |                   |
|-----------------------------------|-------------------|
| FOR DEPARTMENT OF AGRICULTURE USE |                   |
| DATE _____                        | APPROVED BY _____ |
| Comments _____                    |                   |
|                                   |                   |