



**SHEEP FLOCK HEALTH ASSISTANCE PROGRAM**

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

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

<b>DETAILS OF APPLICATION</b>		
TYPE OF FLOCK      Purebred _____      Commercial _____		
NUMBER OF EWES _____ (minimum 30 ewes required to be accepted into program)		

<b>APPLICANT'S DECLARATION</b>	
I hereby apply to have my herd enrolled under the Nova Scotia Sheep Flock 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)

<b>FOR DEPARTMENT OF AGRICULTURE USE</b>	
DATE	APPROVED BY
COMMENTS	