

Livestock Health Management and Regulation

**MEDICATED FEED LICENCE RENEWAL**

**{d.LicenceStart} – {d.LicenceExpiry}**

# PLEASE VERIFY THAT THE INFORMATION IS CORRECT AND NOTE CHANGES WHERE APPLICABLE

{d.LicenceHolderCompany}

{d.MailingAddress}

{d.MailingCity}, {d.MailingProv}

{d.PostCode}

Licence Number: {d.LicenceNumber}

**Medicated Feed Licence Fee ………………………………………..…..** **{d.LicenceFee}**

For the purpose of manufacturing and selling medicated feed.

Veterinary Drug Purchase Record has been submitted prior to Feb 28 Yes \_ No \_

**Dispensers must be listed and have a CURRENT LICENCE**

{d.Dispensers[i].DispLicenceHolderName} {d.Dispensers[i].DispLicenceHolderName:ifNEM():show(-)} {d.Dispensers[i].DispLicenceHolderName:ifNEM():show(Expiry)} {d.Dispensers[i].DispLicenceHolderName:ifNEM():show(Date:)} {d.Dispensers[i].DispLicenceExpiryDate}

{d.Dispensers[i+1].DispLicenceHolderName} {d.Dispensers[i+1].DispLicenceHolderName:ifNEM():show(-)} {d.Dispensers[i+1].DispLicenceHolderName:ifNEM():show(Expiry)} {d.Dispensers[i+1].DispLicenceHolderName:ifNEM():show(Date:)} {d.Dispensers[i+1].DispLicenceExpiryDate}

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please make cheque or money order payable to the *Minister of Finance* and return this application/renewal notice to:**

## Ministry of Agriculture and Food

**Office of the Chief Veterinarian**

**1767 Angus Campbell Road**

**Abbotsford, BC V3G 2M3**