

Livestock Health Management and Regulation

**VETERINARY DRUG 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}

**Veterinary Drug Licence Fee ………………………………………………****{d.LicenceFee}**

To permit sale of veterinary drugs from the list in Schedule A

Veterinary Drug Purchase Record has been submitted: Yes \_\_\_\_ No \_\_\_\_\_\_

NAME OF PERSON COMPLETING THE DRUG PURCHASE RECORD: \_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_

Dispenser Names:

{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}

**Must be completed at business location**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NAME (PRINT) DATE

TELEPHONE # \_\_\_\_\_\_\_\_\_ FAX # \_\_\_\_\_\_\_\_\_\_ EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**