

Veterinary Services Incorporated (1980) Ltd (VSI) Producer Application



Applicant Information

Name:	
Farm Name (If Applicable):	
Primary Phone:	Secondary Phone:
Mailing Address:	
Email:	
Residence Legal Land Description:	VSI Card Number:

Farm Information

Type of Operation:
Type of Livestock:
Number of Livestock:

Acknowledgement & Agreement

By signing this agreement, I hereby agree to:

- Abide by the terms and conditions of the Veterinary Services Incorporated (1980) Ltd, or VSI Program as set out in Policy AG09 for the Municipal District of Fairview.
- I also understand that the Municipality reserves the right to make changes to Policy AG09 as deemed necessary. I agree to abide by any changes made.

Applicant Signature:	Date:	Municipal Representative:
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