



SUBMISSION FORM

A. Vendor Information								
Last Name				First Name				
Farm Name								
Address					Legal Land Description of Home Quarter:			
City/Town	Province	Postal Code		____ ____ ____	____ ____	____ ____	____	W____ ____
				Quarter	Section	Township	Range	Meridian
Phone ()			Fax ()			COUNTY: _____		
B. Submitter of Specimen								
If the carcass delivered meets the criteria, the producer is eligible for a payment. The producer will be notified if payment will be issued in the postmortem report.								
Print Name: _____			Sign: _____			Date: _____		
C. Submission Information								
Species	Sample Type	Tag #	Tattoo	Age	Sex	Breed	Type of Operation	Target Animal Category
<input type="radio"/> Sheep	<input type="radio"/> Carcass			_____			<input type="radio"/> Purebred	<input type="radio"/> Found Dead
<input type="radio"/> Goat	<input type="radio"/> Head			<input type="radio"/> Mths	<input type="radio"/> Female	_____	<input type="radio"/> Commercial	<input type="radio"/> Euthanized
				<input type="radio"/> Yrs	<input type="radio"/> Male			<input type="radio"/> Abattoir
Number of sheep / goats 1 year and older on farm: _____						Date of Death: _____		
D. History:								
Clinical Signs:								
Duration of illness:								
Treatments given:								
Number ill / dead:								
Vaccinations given / deworming program:								
Ration Fed:								
E. Meat Inspection Information – Regulatory Services Division								
Abattoir Name:			Abattoir Number:			Date of Collection: _____		
Meat Inspector Name:					Meat Inspector Number:			
Antemortem Findings:					Reason Carcass Condemned:			
Report to Regional Office: <input type="radio"/> Airdrie <input type="radio"/> Edmonton <input type="radio"/> Lethbridge <input type="radio"/> Vermilion								
For Office Use Only:								
Submission Number:		Date Received:		Eligible for Payment: <input type="radio"/> Yes <input type="radio"/> No			Signature:	
Received at: <input type="radio"/> Airdrie <input type="radio"/> Edmonton <input type="radio"/> Fairview <input type="radio"/> Lethbridge					Pathologist:			
Business Unit: 011		Fund Code: 01	Dept ID: 4350	Program Code: 43502	Project Code: 437004	Account Code: 544480		
Amount: \$ 50.00		Expenditure Officer Signature:					Date:	

The personal information on this submission sheet is being collected as part of Alberta's Scrapie Surveillance Program. It is protected by the provisions of the *Freedom of Information and Protection of Privacy Act* (Alberta). If you have any questions about the collection of this information, please contact: Alberta Agriculture and Food at (780) 644-2148.