



YUKON VETERINARY SERVICES PROGRAM ENROLLMENT FORM

Complete the following information to enroll in the Yukon Veterinary Services Program. All fields must be completed for enrollment in the program. This form must be submitted to the Animal Health Unit within 7 days of rendered veterinary services.

Animal Health Unit
Mail: Box 2703 V-7
Whitehorse, Yukon Y1A 2C6
Phone: (867) 667-5600
Fax: (867) 393-6263
Email: animalhealth@gov.yk.ca

Name(s) _____

Farm Name _____

Mailing Address _____

Premises ID# _____

Email address _____

Telephone # _____

Land Location _____

1. What are the most important challenges you face to keep your livestock healthy?

2. What services would help you maintain livestock health?

3. What products or facilities do you think you need better access to in order to support livestock health?

4. Are you concerned about the food safety of edible products that you produce?

5. What species have you considered adding to your premises in the future?

6. What factors would prevent you from expanding the number or type of livestock you raise?

7. Do you keep health records on each of your individual animals?

Please complete the table below about the health status of your livestock over the **past 5 years**.

Check 'Not Applicable' in the boxes for livestock species that you have not kept in the past 5 years.

For those species you have kept, indicate whether or not your livestock have experienced problems in the categories (check Y or N) and if yes, how many animals were affected in the group. Please also indicate which year(s) the problem occurred in, if you can recall.

| Livestock Species | Pneumonia/ Respiratory | Diarrhea/ Digestive | Wasting/ Poor Growth | Skin | Reproductive | Other |
|---|--|--|--|--|--|--|
| Cattle Not applicable <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ |
| Swine Not applicable <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ |
| Sheep Not applicable <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ |
| Goats Not applicable <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ |
| Chickens – Meat Not applicable <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ |
| Chickens – Eggs Not applicable <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ |
| Turkeys Not applicable <input type="checkbox"/> | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ |
| Other Please indicate species _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ | Y <input type="checkbox"/> N <input type="checkbox"/> # animals ____ Year(s) _____ |

Your personal information is protected in accordance with the *Access to Information and Protection of Privacy Act*. Information on this form is collected under the *Animal Health Act*. If you have any questions please contact the Chief Veterinary Officer at 1-867-667-5600.