



LAC LA BICHE COUNTY

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Lac La Biche County Council believes that through the Agricultural Service Board a level of ongoing animal health services through Veterinary Services Incorporated is maintained, and provided to livestock producers. The program will cover 60% of approved veterinary procedures when performed by a qualified veterinarian on livestock owned or controlled by the producer.

To be eligible for this program producers must:

1. reside within Lac La Biche County
2. complete an application and
3. be approved by the Agricultural Fieldman or Manager of Environmental Services.

Livestock eligible for the program include bovine, swine, sheep, goats and non-traditional species such as bison, elk, deer, ostrich and alpacas.

Please note that only 60% of the cost of approved veterinary procedures will be covered by this program and producers are responsible to pay the other 40% of the fees directly to the veterinarian. **Producers must refer to the current year's V.S.I. Service and Fee Schedule attached to this application for approved procedures, services and medication.** As per the Veterinary Services Inc. policy if any disagreements on reimbursement occur, the livestock producer and/or the veterinarian will be required to submit the complaint either written or in person at the next Agricultural Service Board meeting for resolution. All privileges under the program shall be terminated if fraudulent bills are submitted for reimbursement.

Once an application has been approved the producer will receive a numbered ID card which must be provided to the veterinarian each time he/she performs an approved procedure on livestock. The number will be assigned to the producer by Lac La Biche County and will be the producer's personal ID number that **only the named and approved producer in this form** can use for obtaining benefits under this program.

Please direct any questions or concerns to the Environmental Services department at 780-623-6739 or green@lACLAbichecounty.com.

Producer Name:							
Farm Operation Name:							
Email Address:							
Mailing Address:							
Physical Address:	Qtr	Sec	Twp	Range	W4	Phone #:	
Applicant Signature:							

Application Date:		Approval Date:	
Approved By:		ID Number:	