

Premises Identification Program

Premises identification (PID) links livestock and poultry to identifiable geographic locations for planning and managing during emergencies. Over time the national traceability system is expected to encompass all livestock and poultry species produced in Canada. The current priority is to have farms and ranches producing cattle, hogs, sheep, goats, cervids and poultry entered into the Saskatchewan PID program as soon as possible. It is recommended that owners of other livestock species also apply for premises identification numbers and be entered into the Saskatchewan PID program.

A premises identification number is a unique alpha-numeric identifier assigned to a parcel of land, on which livestock is grown, kept, assembled or disposed.

Premise identification is one of three pillars of a full traceability system. The other two pillars are animal identification and animal movement reporting. Together the three pillars enable veterinarians and others to track where animals have been located and to identify other animals with which they have been in contact.

Premises Identification:

- Allows for rapid notification of livestock and poultry stakeholders;
- Helps prepare for animal health emergencies;
- Facilitates rapid evacuation of animals in the event of a natural disaster or man-made emergency (e.g. flood, fire, hazardous chemical spill);
- Helps track animals in an emergency;
- Reduces the impact of an emergency; and
- Helps maintain or provide for greater market access.

Instructions:

1. Complete and sign the ACCOUNT APPLICATION FORM (PAGE 2)
2. Complete a PREMISES REGISTRATION FORM (PAGES 3 & 4) and SCHEDULE A (if applicable) (PAGE 5) for at least one premises, preferably the premises on which your main animal operation is located.

Note: Registration of additional premises is encouraged; however, submit a separate PREMISES REGISTRATION FORM and SCHEDULE A for each additional premises you wish to register.

Submit Completed Forms to:

Mail: Saskatchewan Ministry of Agriculture – PID Program
Livestock Branch
202 - 3085 Albert Street
Regina, SK S4S 0B1

Fax: 306-787-1315

Email: SaskPID@gov.sk.ca

To submit your form by email, fill out your form on your computer, save it as a pdf file (File save as PDF), and email it as an attachment through your email program.

For further information, please contact the **Agriculture Knowledge Centre at 1-866-457-2377** or visit **www.agriculture.gov.sk.ca/PID**. You can obtain an electronic version of the form from the website.

Premises Identification Program ACCOUNT APPLICATION FORM

* Required Information

Part A - General Information			
Account Type * (select <i>ONE</i> only)			
<input type="checkbox"/> Incorporated Company	<input type="checkbox"/> Individual	<input type="checkbox"/> Trust	
<input type="checkbox"/> Government	<input type="checkbox"/> Partnership	<input type="checkbox"/> Indian Band	
Legal Name of Applicant * (if applicant is an Individual, state full name – first middle last; if applicant is a Business, state full legal name)			
Business Operating Name (if different from Legal Name)			
Mailing Address *			
Town/City *		Province *	Postal Code *
Phone *	Mobile (Cell)	Fax	
Email			
Account Contact * (individual responsible for the maintenance of information on this application, if different from the Applicant)			
Contact First Name *	Contact Middle Name	Contact Last Name *	
Preferred Method of Communication (select <i>ONE</i> only):			
<input type="checkbox"/> Phone	<input type="checkbox"/> Mobile (Cell)	<input type="checkbox"/> Fax	<input type="checkbox"/> Email

Part B - Statement of Certification *		
<p>Consent for Disclosure of Information</p> <p>I consent to the following:</p> <ol style="list-style-type: none"> 1. The information provided in this application form and attached schedules is to be used for the following purposes: <ol style="list-style-type: none"> a. Preventing, preparing for, responding to, and recovering from federally and provincially-reportable animal diseases, diseases of significance to animal or public health, natural disaster emergencies and other disasters. b. Verifying the accuracy of information held in the Saskatchewan PID program. 2. The information will be used and disclosed by the Ministry for the purposes described above, or as required by law, or when specifically authorized by the owner of the information. This includes but is not limited to <i>The Freedom of Information and Protection of Privacy Act</i>. The owner of the information is defined as the producer or other business such as feedlot, abattoir, vet clinic, etc. who provided the information to the Saskatchewan PID program. 3. The agencies, with which the information will be shared, includes, but is not limited to: Canadian Food Inspection Agency, the Chief Veterinary Officer of Canada, Provincial Chief Veterinary Officers across Canada, and Saskatchewan's Emergency Measures Organization. <p>Statement of Certification</p> <p>By checking this consent box, I agree that: <input type="checkbox"/></p> <ol style="list-style-type: none"> 1. the information provided on this application form and attached schedules is complete and accurate; 2. the information will be used for the Saskatchewan PID program; and 3. I will provide the necessary updates to ensure that the information related to the premises in this application form and attached schedules is complete and correct. 		
<p>_____</p> <p>Name (please print)</p>	<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date (yyyy-mm-dd)</p>

Premises Identification Program PREMISES REGISTRATION FORM

* Required Information

Complete a separate registration form for each premises you wish to register.

Part 1 - Premises Nickname or Description

(Provide a name for or description of the location where animals are located - e.g. "Main Ranch", "Summer Pasture", etc.)

Part 2 - Location * (Select **at least one** of the following methods to identify the premises)

a. Legal Land Description

Quarter (NW/NE/SW/SE)

Section

Township

Range

Meridian

W

b. Parcel Number - the nine digit number that appears on the Information Services Corporation (ISC) Land Title

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c. Lot, Block and Plan Number, if premises is contained in an urban area

Lot

Block

Plan

d. Street Address, if Lot, Block and Plan Number is unknown

Street

City/Town

Province

Postal Code

e. Other (e.g. River Lots)

Part 3 - Relationship of Applicant to Premises * (Select **ONE** only)

I own the premises I do not own the premises; I am a: Renter Operator Manager

The owner of the premises is:

Part 4 - CCIA Premises Number

Did you have a PID number issued by Canadian Cattle Identification Agency (CCIA)? Yes No

Part 5 - Premises Emergency Contact * (Primary individual responsible for care and control of animals on the premises)

Same as Account Contact in Part A (if different individual, provide contact information below)

First Name *

Middle Name

Last Name*

Mailing Address *

Town/City

Province

Postal Code

Phone*

Mobile (Cell)

Fax

Email

Preferred Method of Communication (select **ONE** only):

Phone

Mobile (Cell)

Fax

Email

Comments or Instructions, if applicable:

If applicable, use 'SCHEDULE A' on page 5 to provide Alternate Emergency Contact(s) for this Premises.

Premises Identification Program PREMISES REGISTRATION FORM

* Required Information

Complete a separate registration form for each premises you wish to register.

Part 6 - Operations * (Check all operations that are conducted on this premises.)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Abattoir - Health Licensed or Provincially Registered | <input type="checkbox"/> Community Pasture | <input type="checkbox"/> Livestock Market | <input type="checkbox"/> Veterinary Facility |
| <input type="checkbox"/> Abattoir - Federally Inspected | <input type="checkbox"/> Competition Facility | <input type="checkbox"/> Pasture (Range) | <input type="checkbox"/> Veterinary Laboratory |
| <input type="checkbox"/> Animal Breeding Facility | <input type="checkbox"/> Fairs and Exhibition | <input type="checkbox"/> Race Track | <input type="checkbox"/> Zoo, petting Zoo |
| <input type="checkbox"/> Assembling Station | <input type="checkbox"/> Farm (Ranch) | <input type="checkbox"/> Renderer | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Boarding Stable | <input type="checkbox"/> Feedlot | <input type="checkbox"/> Research Facility for Livestock or Poultry | _____ |
| <input type="checkbox"/> Carcass Disposal Site | <input type="checkbox"/> Hatchery | <input type="checkbox"/> Small Acreage/Hobby Farm | |

Part 7 - Species * (Check all species that are on the premises, and for each species selected, indicate the maximum capacity i.e. the maximum number of animals this premises can accommodate.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Alpacas capacity: _____ | <input type="checkbox"/> Fish ¹ capacity: _____ | |
| <input type="checkbox"/> Asses capacity: _____ | <input type="checkbox"/> Fur-bearing Animals ² capacity: _____ | |
| <input type="checkbox"/> Bees capacity (# of colonies): _____ | <input type="checkbox"/> Goats capacity: _____ | |
| <input type="checkbox"/> Bison capacity: _____ | <input type="checkbox"/> Horses capacity: _____ | |
| <i>Birds in Captivity:</i> | | |
| <input type="checkbox"/> Doves capacity: _____ | <input type="checkbox"/> Llamas capacity: _____ | |
| <input type="checkbox"/> Ducks capacity: _____ | <input type="checkbox"/> Mules, Donkeys capacity: _____ | |
| <input type="checkbox"/> Geese capacity: _____ | <i>Poultry:</i> | |
| <input type="checkbox"/> Peafowl capacity: _____ | <input type="checkbox"/> Broiler capacity: _____ | |
| <input type="checkbox"/> Guinea Fowl capacity: _____ | <input type="checkbox"/> Hatching Egg capacity: _____ | |
| <input type="checkbox"/> Pheasants capacity: _____ | <input type="checkbox"/> Pullet capacity: _____ | |
| <input type="checkbox"/> Pigeons capacity: _____ | <input type="checkbox"/> Table Egg capacity: _____ | |
| <input type="checkbox"/> Quail capacity: _____ | <input type="checkbox"/> Turkey capacity: _____ | |
| <input type="checkbox"/> Ratites capacity: _____ | <input type="checkbox"/> Rabbits capacity: _____ | |
| <input type="checkbox"/> Wild Turkeys capacity: _____ | <input type="checkbox"/> Sheep capacity: _____ | |
| <input type="checkbox"/> Cattle Beef capacity: _____ | <input type="checkbox"/> Swine capacity: _____ | |
| <input type="checkbox"/> Cattle Dairy capacity: _____ | <input type="checkbox"/> Wild Boars capacity: _____ | |
| <i>Domestic Cervids:</i> | | |
| <input type="checkbox"/> Deer (White-tailed, Mule) capacity: _____ | <input type="checkbox"/> Yaks capacity: _____ | |
| <input type="checkbox"/> Elk capacity: _____ | <input type="checkbox"/> Other (please specify): capacity: _____ | |
| <input type="checkbox"/> Reindeer capacity: _____ | | |

¹ Fish raised by operators holding an Aquaculture License issued pursuant to *The Fisheries Regulations of The Fisheries Act (Saskatchewan), 1994.*

² Fur bearing animals as defined by *The Fur Farming Regulations (Saskatchewan)*

Premises Identification Program

SCHEDULE A - ALTERNATE EMERGENCY CONTACTS

Complete a separate Schedule A for each premises you wish to register.

1. Alternate Emergency Contact for this Premises			
First Name	Middle Name	Last Name	
Mailing Address			
Town/City		Province	Postal Code
Phone	Mobile (Cell)		Fax
Email			
Preferred Method of Communication (<i>select ONE only</i>):			
<input type="checkbox"/> Phone <input type="checkbox"/> Mobile (Cell) <input type="checkbox"/> Fax <input type="checkbox"/> Email			
Comments or Instructions, if applicable:			

2. Alternate Emergency Contact for this Premises			
First Name	Middle Name	Last Name	
Mailing Address			
Town/City		Province	Postal Code
Phone	Mobile (Cell)		Fax
Email			
Preferred Method of Communication (<i>select ONE only</i>):			
<input type="checkbox"/> Phone <input type="checkbox"/> Mobile (Cell) <input type="checkbox"/> Fax <input type="checkbox"/> Email			
Comments or Instructions, if applicable:			

3. Alternate Emergency Contact for this Premises			
First Name	Middle Name	Last Name	
Mailing Address			
Town/City		Province	Postal Code
Phone	Mobile (Cell)		Fax
Email			
Preferred Method of Communication (<i>select ONE only</i>):			
<input type="checkbox"/> Phone <input type="checkbox"/> Mobile (Cell) <input type="checkbox"/> Fax <input type="checkbox"/> Email			
Comments or Instructions, if applicable:			

For Office Use ONLY:							
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