

Nova Scotia Premises Identification Program

Premises identification links livestock and poultry to identifiable geographic locations for the purpose of emergency planning and management. Over time, the national traceability system is expected to include all livestock and poultry species. The current priority is to have all farms and ranches producing cattle, hogs, sheep, goats, bison, cervids and poultry entered into the Nova Scotia PID program. It is recommended that owners of other livestock species also apply for premises identification numbers and be entered into the program.

A premises identification number is a unique alpha-numeric identifier assigned to a parcel of land on which animals are bred, kept, raised, displayed, assembled or disposed of.

Premises identification is one of the three pillars of a full traceability system. The other two pillars are animal identification and animal movement reporting. Together, the three pillars enable the tracking of locations where animals have been located and the identification of any other animals with which they have been in contact.

Instructions:

1. Complete the application form to setup a new PID account or update an existing PID account in the Nova Scotia Premises ID Program; and
2. Complete, sign and date the Consent to Disclose Personal Information Form

Submit completed forms to:

Nova Scotia Department of Agriculture – PID Program
P.O. Box 890
176 College Road
Truro, Nova Scotia, B2N 5G6
Fax: 902-893-0244
E-mail: NSPID@gov.ns.ca

For further information, please e-mail NSPID@gov.ns.ca or visit <http://novascotia.ca/agri/programs-and-services/industry-protection/>.

- Purpose of application:
- New Applicant
 - Update an Existing PID Account – Current PID:
 - I currently have livestock and/or poultry at this location

Emergency Contact Information (Individual responsible for care and control of animals)

First Name:	_____	Middle Name:	_____	Last Name:	_____
Business/Farm Name:	_____				
Mailing Address:	_____				
Town/City:	_____	County:	_____	Postal Code:	_____
Business Phone:	_____	Home Phone:	_____		
Cell Phone:	_____	Fax:	_____		
Email:	_____				

Relationship of emergency contact to premises (select one):

<input type="checkbox"/> Owner	<input type="checkbox"/> Lessee	<input type="checkbox"/> Operator	<input type="checkbox"/> Renter	<input type="checkbox"/> Other (specify):
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Land Owner Information (Complete if different than the Emergency Contact)

First Name:	_____	Middle Name:	_____	Last Name:	_____
Business/Farm Name:	_____				
Mailing Address:	_____				
Town/City:	_____	County:	_____	Postal Code:	_____
Business Phone:	_____	Home Phone:	_____		
Cell Phone:	_____	Fax:	_____		
Email:	_____				

Premises Location

Property Identification Number (found on your property tax bill): _____	
Property Civic Address: _____	
Town/City: _____	County: _____
Geo-Referenced Coordinates (if available and in decimal degrees):	
Latitude: + . ° _____	Longitude: - . ° _____
Location referenced by coordinates (e.g. driveway, barn , etc.) _____	
Name or description of premises (e.g. home yard, community pasture, corrals, main barn, etc.) _____	

Additional Locations

If you have additional locations used solely for pasturing animals, please list the Property Identification numbers (found on your property tax bill).			
_____	'	_____	'
_____	'	_____	'

Premises Type (select all that apply)

<input type="checkbox"/> Farm	<input type="checkbox"/> Assembly Yard	<input type="checkbox"/> Embryo Transfer Facility
<input type="checkbox"/> Hobby Farm/Small Acreage	<input type="checkbox"/> Auction Market/Livestock Sale Facility	<input type="checkbox"/> Research Facility
<input type="checkbox"/> Stable/Horse Boarding Facility	<input type="checkbox"/> Racetrack	<input type="checkbox"/> Egg Grading Station
<input type="checkbox"/> Feedlot	<input type="checkbox"/> Exhibition/Fairground	<input type="checkbox"/> Poultry Sales Facility
<input type="checkbox"/> Pasture	<input type="checkbox"/> Competition Facility	<input type="checkbox"/> Hatchery
<input type="checkbox"/> Community Pasture	<input type="checkbox"/> Provincial Abattoir	<input type="checkbox"/> Petting Farm/Zoo
<input type="checkbox"/> Veterinary Clinic/Hospital/Lab	<input type="checkbox"/> Federal Abattoir	<input type="checkbox"/> Rendering Plant
<input type="checkbox"/> Carcass/Deadstock Disposal Site	<input type="checkbox"/> Insemination Unit	<input type="checkbox"/> Meat Processing/Storage
		<input type="checkbox"/> Other _____

Species Type (select all that apply)

Species	Max. Capacity	Species	Max. Capacity
Cattle: Beef	_____	Broiler Breeder Pullets	_____
Cattle: Dairy	_____	Broiler Breeder Layers	_____
Bison	_____	Broiler Chickens	_____
Swine	_____	Layers - Breeders	_____
Wild Boar	_____	Layers – Pullets	_____
Sheep	_____	Layer Chickens	_____
Goats	_____	Turkeys – Breeder	_____
Llamas, Alpacas, Vicuna	_____	Turkeys – Meat	_____
Horses	_____	Other Birds – Specify	_____
Donkeys, mules	_____	Purebred/Fancier Flock	_____
Cervids	_____	Bees (hives)	_____
Mink	_____	Aquaculture – Crustaceans	_____
Fox	_____	Aquaculture – Molluscs	_____
Farmed Rabbits	_____	Aquaculture – Salmon	_____
Farmed Chinchillas	_____	Aquaculture – Other fish	_____
Wildlife – Specify	_____	Other – Specify _____	_____

Consent to Disclose Personal Information Form

Your written consent authorizes the Nova Scotia Department of Agriculture to disclose your personal information to a designated individual or agency in accordance with the Nova Scotia *Freedom of Information and Protection of Privacy Act*.

Use and/or Disclosure

The personal information is being collected under the authority of the Department of Agriculture and may be used by the Department of Agriculture, or disclosed to a designated individual or agency, for the purpose of preventing, preparing for, responding to or recovering from federally and provincially-reportable animal diseases, diseases of significance to animal or public health, natural disaster emergencies and other disasters; or to verify the accuracy of information held in the Nova Scotia Premises Identification Program.

Consent

I, _____, authorize the Nova Scotia Department of Agriculture to disclose information, including my personal information*, contained in my Premises Identification Program Application Form to the Canadian Food Inspection Agency, the Chief Veterinary Officer of Canada, Provincial Chief Veterinary Officers across Canada, and other Departments, Agencies and Commissions of the Government of Nova Scotia.

Name (please print)

Signature

Date (yyyy-mm-dd)

*I will provide the necessary updates within 30 days of any change to ensure that the information related to the premises in this Application Form and attached schedules is complete and correct.

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Truro, Nova Scotia, B2N 5G6

Questions? Call 902-890-3377

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