

**Agreement Form**  
**National Bovine Spongiform Encephalopathy (BSE) Surveillance Program**  
**(for samples collected between September 10, 2004 and December 8, 2004)**  
**PRODUCER**

1. Identification of the Producer - Please print				
Producer Name / Business Name	Tel. Number	SIN / BN	E-mail address or Facsimile number	
Address (including postal code)				
2. Terms, Conditions and Services rendered by the Producer				
I, the Producer, hereby, certify and warrant that:				
2.1 On _____, _____, 2004, I notified the Canadian Food Inspection Agency (CFIA) that I was the owner, or person having the legal possession, care or control of a bovine which might be eligible for the purposes of the National BSE Surveillance Program. The CFIA has determined that the bovine described below was an eligible bovine for the purposes of the National BSE Surveillance Program (Eligible Bovine) - <b>Please print</b>				
Location of the Eligible Bovine (if different from the Producer's address only)	CLIA tag number where required under the <i>Health of Animals Act</i> , ATQ tag number, and all other physical identifiers	Sex	Age	Breed/Class of Eligible Bovine
Color	Clinical signs observed	Duration of clinical signs	Treatment(s)	Presumptive diagnosis
2.2 I had the right to grant permission to the CFIA or to the Veterinarian to access the Eligible Bovine and to take a sample of the brain of the Eligible Bovine (post mortem) without the consent of any third party and without violating the rights of any third party and I granted such permission.				
2.3 I provided the information and documentation requested by the CFIA relating to the Eligible Bovine and to the determination of its age.				
2.4 I maintained the integrity of the carcass of the Eligible Bovine and all portions thereof in a manner and condition acceptable to the CFIA and in accordance with federal, provincial and municipal requirements until notified by the CFIA or the Veterinarian of the BSE status of the Eligible Bovine. The carcass of the Eligible Bovine and all portions thereof were not sent or used for animal food pending the test results and were not sent or used for human food in any circumstances.				
2.5 I disposed of the carcass of the Eligible Bovine and all portions thereof in accordance with federal, provincial and municipal requirements, and where applicable, as directed by the CFIA.				
3. Consideration - Producer				
3.1 The CFIA undertook to provide payment in consideration for the services described in article 2 above.				
I, the Producer, hereby warrant and certify that I have complied and met with all the terms and conditions described in article 2 of this agreement form and that I have provided the services described therein. By completing this agreement form to the satisfaction of the CFIA, I will receive a payment in the amount of \$75 ( <i>seventy-five dollars</i> ) plus all applicable taxes. I understand and agree that such payment is complete and final and that I shall not claim any additional amount from or against Her Majesty the Queen in Right of Canada, including the CFIA, in association with this agreement, the Eligible Bovine, or the sample collected.				
Signed this ____ day of _____, 20 ____ in _____				
City, Province			Signature of the Producer	

## Agreement Form

### National Bovine Spongiform Encephalopathy (BSE) Surveillance Program (for samples collected between September 10, 2004 and December 8, 2004)

#### VETERINARIAN

**4. Identification of the Veterinarian - Please print**

Name	Tel. Number	SIN / BN	E-mail address or Facsimile number
Name of the Veterinary Clinic		Clinic Address (including postal code)	

**5. Terms, Conditions and Services rendered by the Veterinarian**

I, the Veterinarian, hereby, certify and warrant that:

5.1 On \_\_\_\_\_, \_\_\_\_\_ 2004, I was privately employed by the Producer to provide veterinary services relating to the Eligible Bovine.

5.2 I determined that the bovine identified by the Producer was an Eligible Bovine.

5.3 I examined the Eligible Bovine and collected a sample from the Eligible Bovine in accordance with the CFIA procedures and requirements.

5.4 I ensured that the quality and the traceability of the sample was preserved until such time it was in possession of the CFIA.

5.5 A fee of \$ \_\_\_\_\_ (insert the amount charged before all applicable taxes) plus \$ \_\_\_\_\_ (insert the amount charged as applicable taxes) was charged by me to the Producer in association with the Eligible Bovine.

5.6 The Eligible Bovine  
 \_\_\_ died of undetermined causes,  
 \_\_\_ was non-ambulatory and euthanized for humane reasons,  
 \_\_\_ displayed an acute (distressed) or chronic (diseased) deviation from normal behavior or appearance;  
 namely \_\_\_\_\_ (identify briefly the deviation).

5.7 I provided the information and documentation requested by the CFIA relating to the Eligible Bovine and to the determination of its age.

5.8 Where required, I advised the Producer of the negative test results as soon as possible after notification of the results by the CFIA.

**6. Consideration - Veterinarian**

6.1 The CFIA undertook to provide payment in consideration for the services described in article 5 above.

I, the Veterinarian, hereby warrant and certify that I have complied and met with all the terms and conditions described in article 5 of this agreement form and that I have provided the services described therein. By completing this agreement form to the satisfaction of the CFIA, I will receive a payment in the amount equivalent to the fee charged and certified by me in section 5.5 above. I understand and agree that such amount shall not exceed \$100 (*one hundred dollars*) plus all applicable taxes and shall be used to reduce the fee charged to the Producer for the veterinary services described above. I understand and agree that such payment is complete and final and that I shall not claim any additional amount from or against Her Majesty the Queen in Right of Canada, including the CFIA, in association with this agreement, the Eligible Bovine, or the sample collected.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_  
\_\_\_\_\_  
Signature of the Veterinarian

**FOR CFIA USE ONLY**

Eligible Sample collected <input type="checkbox"/> Yes <input type="checkbox"/> No	System ID No. <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span>
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Name (CFIA)	Date
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Payment authorized <input type="checkbox"/> Yes <input type="checkbox"/> No	Services/Reimbursement Producer <input type="checkbox"/>	Services/Reimbursement Veterinarian <input type="checkbox"/>
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Name (CFIA)	Date
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**Financial coding**

Fund	Activity	GL Account	Cost Centre	Internal Order

Service Rendered	Date (yyyy-mm-dd)
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