Department of Fisheries, Forestry and Agriculture Livestock Owners Compensation Board

Livestock Owners Compensation Board		Newfoundland Labrador
Affidavit		LaDrador
Name:		
Address:		

Postal Code:

Contract No.:

	Sheep	Goats	Cattle
Number injured/killed			
Date of discovery			
Breed			
Age			
Sex			
Grade or registered			
Ear tag number(s)			

If injured/killed by a dog, please provide the name and address of the owner (if known):

.....

Name:						
Address:						
1	of	in the District of				
in the Province of Newfoundland and Labrador make oath and do						
say to the best of my knowledge that the foregoing is a true and correct statement.						
say to the best of my knowledge that the i						
	DD / MMM / YYYY					
Insured Producer	Date					
Sworn to at	in the Province of N	lewfoundland and Labrador this				
day of	, 20 before me.	CTANAD				
	DD / MMM / YYYY	STAMP HERE				
Official *	Date					
(* Official must be either a Justice of the Peace, Commissioner of Oaths, or Agency Official)						
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