



FOR OFFIC USE ONLY

VSI# \_\_\_\_\_

**COUNTY OF NORTHERN LIGHTS  
APPLICATION FOR V.S.I. CARDS**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

LAND LOCATION \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**NOTE: ELIGIBLE TO RECEIVE VETERINARY SERVICES PURSUANT TO THE V.S.I PROGRAM**

**ANIMALS OWNED BY RESIDENTS OF COUNTY OF NORTHERN LIGHTS**

Heifers \_\_\_\_\_

Steers \_\_\_\_\_

Cows \_\_\_\_\_

Bull \_\_\_\_\_

Calves \_\_\_\_\_

Swine \_\_\_\_\_

Sheep \_\_\_\_\_

Goats \_\_\_\_\_

**BY SIGNING THIS YOU AUTHORIZE THE COUNTY OF NORTHERN LIGHTS TO SHARE THIS  
INFORMATION WITH VSI AND VETERINARY CLINICS IN THE AREA**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_