

# Form 4

## ► Out of Province Chick Purchase Report

Complete this form and submit to the Board office within 7 days of your chick placement. Retain a copy for your records.

### Producer Information

File No.  Date (MM/DD/YY)  Telephone Number

P

Producer Name (Name of Registered Quota Holder or Farm Name)

City  Postal Code

Lot  Concession

Township  County

Quota Period  Placement Date (MM/DD/YY)

# A -

| Production Schedule ID No. | Barn No. | Floor No. | No. Placed           | Gender (Select one)   | Hatchery | Invoice No. | Form 3 No. | Density |
|----------------------------|----------|-----------|----------------------|---|----------|-------------|------------|---------|
|                            |          |           |                      | <input type="radio"/> P <input type="radio"/> C <input type="radio"/> M |          |             |            |         |
|                            |          |           |                      | <input type="radio"/> P <input type="radio"/> C <input type="radio"/> M |          |             |            |         |
|                            |          |           |                      | <input type="radio"/> P <input type="radio"/> C <input type="radio"/> M |          |             |            |         |
| <b>Total</b>               |          |           | <input type="text"/> |   |          |             |            |         |

### Hatchery Information

Hatchery Name

Address: Including Street Name & Number (911 number if applicable)

I confirm that to the best of my knowledge, the information contained in this form is accurate and complete,

Producer's Name

\_\_\_\_\_  
Producer's Signature

### Note:

You must still properly complete form 3 for this placement.

**Print**

This document must be printed, signed and either faxed to 905.637.3464 or scanned and emailed to forms@ontariochicken.ca, or mailed to the address below