



AGRICULTURE AND FOOD

Regulatory Services Division
Inspection and Investigation
Branch

3115-5 Ave N
Lethbridge, AB T1J 4C7

Telephone: 403-381-5856
Fax: 403-382-4003
E-mail: phil.merrill@gov.ab.ca

Acknowledgement of Purchase and Use of Product

2% Liquid Strychnine Concentrate – 2% LSC (PCP# 30433)

Use to Control Richardson’s Ground Squirrels

I have read the label and information bulletin for 2% LSC (PCP# 30433) and hereby agree to all the terms and conditions stated in the registration. I also agree to collect and dispose of the poisoned carcasses as directed by the label.

I understand the 2% LSC is registered only for control of Richardson’s Ground Squirrels. I agree I will not sell or give away any of the 2% LSC I receive. I agree that all unused 2% LSC is to be disposed of according to provincial guidelines.

I agree to report incidences of not-target poisoning including number and species found with lab analysis results included where possible. I will also report the existence and location of any species at risk (i.e. burrowing owl and swift fox). Violation of any of the above terms and conditions will result in the purchaser forfeiting the right to purchase the 2% LSC.

Date: _____, 2019

Farm Name (for receipt): _____

Land Owner Name (please print): _____

Telephone #: () _____

Mailing Address: _____ Postal Code: _____

Home Quarter Location: _____ W4

Infestation Locations: (where product will be placed): _____ W4, _____ W4
_____ W4, _____ W4, _____ W4, _____ W4

Farm Size: _____ (Quarters or Acres)

Municipality: County of Vermilion River
4912-50 Avenue, P.O. Box 69, Kitscoty, AB T0B 2P0



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Estimate of areas to be treated:

	Acres Requiring Treatment
Crop (Cereals, Oilseeds & Pulses)	_____ acres
Forage (Hay or Silage)	_____ acres
Pasture (Tame, Seeded or Native)	_____ acres

Number of 250 ml bottles of 2% LSC required: _____ bottles

Endangered species on property where 2% concentrate will be used: _____

Estimated density of RGS Population at time of application: _____

Landowner Signature: _____

Agricultural Fieldmen Signature: _____
(or Municipal Designate)

In the space below you may comment on other management strategies you have used or are considering using. _____

