Purchase Information and Treatment Plan

Emergency Use Registration for 2% Liquid Strychnine Concentrate (PCP 28751)

Purchase Information		
First/Last Name of Purchaser / Landowner / Renter/Lessee (Land Occupier)	Email address	
Mailing Address (Civic, Rural Route, STN, Site, Box, etc.)	City / Town Village	Postal Code
Telephone	Rural Municipality Name	Rural Municipality Number
Date of Purchase (MM/DD/YY)	Number of Bottles Purchased	

(If this is not the first purchase of the season, ensure the purchaser has submitted the product evaluation form for the first use)

Treatment Plan

List all locations of land to be treated. If additional space is required, please attach another sheet.

Rural Municipality	Quarter section	Section	Township	Range	Meridian	Estimated # of Acres to be Treated	If Possible, Please Also Provide GPS Coordinates

Farm size (acres):

Estimated number of acres to be treated:

Crop (crop type)	Acres Treated
Forage	Acres Treated
Pasture	Acres Treated

Integrated Pest Management (IPM) Strategies Used in the Past 24 Months

Users of strychnine must demonstrate that they have incorporated IPM strategies into their management plan before accessing strychnine. Please describe the IPM strategies you have used to manage RGS over the past 24 months. This can include, but is not limited to the options below.

Please check :

☐ Trapping ☐ Hunting ☐ Vegetation height management (>15 cm) ☐ Predator tolerance

☐ Tolerance of low RGS populations ☐ Use of alternative rodenticides to strychnine

☐ None (no strategies used)

Further details or other methods used can be described below:

Certification

As the rural municipality administrator (or designate), I certify the information provided on the form, to the best of my knowledge, is accurate. I will ensure that all records related to the Strychnine stewardship program will be retained by the Rural Municipality until provision of those records is requested by the Ministry of Agriculture or until the Ministry of Agriculture permits disposal of the records in writing.

I certify that I will not provide the user with strychnine until I have reviewed the Species at Risk (SAR) Assessment for all planned treatment locations provided by the user and informed the user of any additional risk mitigation measures if prescribed that must be adhered to. I will not provide strychnine to the user to treat locations that the SAR assessment has resulted in no acceptable use of strychnine.

Rural Municipality Administrator Name: _____

Rural Municipality Administrator (or designate) Signature:_____

Strychnine Use Declaration

Emergency Use Registration for 2% Liquid Strychnine Concentrate (PCP 28751)

Statement of Declaration

I declare:

- I have reviewed and understand the 2% liquid strychnine concentrate product label and brochure.
- I am facing a significant infestation of Richardson ground squirrel.
- I manage agricultural land and will only use strychnine on agricultural land that I own, rent/lease, or otherwise exercise a right of control over.
- I have completed mandatory strychnine training.

I agree to:

- Only apply strychnine at the location(s) set out in the Treatment Plan.
- Prior to applying strychnine, assess all treatment locations for the presence of species at risk and apply appropriate risk mitigation measures if no species at risk are present.
- Not use strychnine in locations where the species at risk assessment has resulted in "no acceptable use".
- Follow the product label and brochure, and only use the product for Richardson's ground squirrel control.
- Only purchase strychnine from the RM I have indicated as my primary RM on my training sign-up form unless the RM I have indicated has an agreement with an alternative RM to distribute on their behalf.
- Permit a provincial official or representative to conduct field audits to verify that strychnine was used properly and I have followed all applicable labels and brochures.
- Adhere to the emergency user registration period of March 1, 2026 to November 1, 2027 and return all unused product to the RM office where I purchased the product at the end of the period.
- Use strychnine as part of an integrated pest management (IPM) program and not to solely rely on strychnine for the management of Richardson's ground squirrel.
- Not sell, give or otherwise transfer possession of strychnine to another party unless that party is the RM from which I obtained it.
- Complete the product evaluation form by the timeline outlined by the RM where I purchased strychnine or by the Saskatchewan Ministry of Agriculture.
- Monitor all areas for carcasses, including non-target species, where strychnine has been used, in accordance with one of the following monitoring plans:
  - Monitor for species at risk carcasses daily for the first seven days after application and on a weekly basis three weeks after the initial week for a total monitoring period of 4 weeks.
  - If prescribed as part of the species at risk assessment, monitoring twice per day for the first week after application followed by weekly monitoring for three weeks.
- Only use strychnine in areas where Richardson's ground squirrel populations currently have or have the immediate possibility of causing significant economic damage.
- Report any incidence of non-target animal poisoning in areas where strychnine was applied on the Product Evaluation Form to Health Canada.
- Return all unused strychnine to the RM which I purchased it from by November 1, 2027.
- Allow the information I provide through the stewardship program to be made available to all SARM staff and to the Saskatchewan Ministry of Agriculture and be used to compile reports to Health Canada.

I agree to provide the following information:

- Treatment plan which will include the locations and land use (crop, pasture, etc) of where the product will be used and the application methodology.
- User contact information, including name and phone number.
- IPM strategies used in the past 24 months.

Access to strychnine will be dependent on the below signed completing and adhering to this declaration. Any sale will be contingent on review of information described above, completion of mandatory training, and any other requirement that may be reasonably required by the RM or the Saskatchewan Ministry of Agriculture under the Strychnine Stewardship Program.

My declarations as above are truthful and I accept the terms and conditions as set out above.

Dated: _____ Applicant Signature:_____

If submitting by email, please type your name below. If submitting by mail, please sign the printed form.

Signed declaration forms must be submitted to your rural municipality office.

If you have any questions about the collection or use of this information, please contact the Saskatchewan Ministry of Agriculture Privacy Officer at 226 - 3085 Albert St., Regina SK, S4S 0B1 or accessprivacyagriculture@gov.sk.ca.