Government of Alberta

Chronic Wasting Disease Surveillance Submission Form (REV 2012/04/18)

Game Farm Name: _____ Game Farm #: _____

Game Farm Operator: _____

Address: _____

City: _____ Postal Code: _____

Phone: ( ) _____ Fax: ( ) _____

Vet Clinic: _____ Vet Name: _____

Animal Owner: (if different from game farm operator) _____ Fax: ( ) _____

Date Received:

Specimens Received At:

☐ Airdrie ☐ Edmonton

☐ Lethbridge ☐ Fairview

☐ Slaughtered for Sale/Held at: _____
(Name & Location of Slaughter Facility)

☐ On-Farm Slaughter (for Human Consumption)

☐ Herd Reduction/Depopulation (Overseen by Provincial/Federal Gov't Staff)

☐ Died On-Farm Reason: _____

☐ Wild

SPECIES: _____

State: ☐ Fresh ☐ Frozen

Number of Heads(s) / Brain(s) submitted: _____

Date of Death: _____

For additional animals, use reverse side.

	Animal ID (tag #)	Age	Sex		Animal ID (tag #)	Age	Sex

In the case of a discrepancy between animal identification provided on submission form and ear tag information identified and recorded by post-mortem room technician, the latter shall be considered correct for the purposes of our database and laboratory report.

Print Name: _____

Signature Required: _____
(The heads submitted are from the animals listed above.)

Specimens Delivered by: (If other than Game Farm Operator)

_____

For Office Use Only:

AIMS Submission Number:

_____

The personal information collected on this form will be used for the purpose of administering the program. The information is collected under the authority of and is subject to the Freedom of Information and Protection of Privacy (FOIP) Act. If you have questions about how your personal information is used or about the program itself, please contact the TSE Unit Supervisor at (780) 427-8236, toll-free 310-0000 or 1st Floor, O.S. Longman Building, Edmonton, Alberta T6H 4P2