

National Chronic Wasting Disease Voluntary Herd Certification Program

Personal information is being collected for the purpose of the National Chronic Wasting Disease Voluntary Herd Certification Program (CWD VHCP) in accordance with the standards set by the Canadian Food Inspection Agency (CFIA). Information collected will be used to implement and administer the CWD VHCP. Collection is authorized under section 33(c) of the *Freedom of Information and Protection of Privacy* (FOIP) Act and managed and protected in accordance with the Act. Questions about the collection can be directed to CWD Status Assessor, Norma Pronteau at the Fairview Provincial Building, 10209-109 St. Fairview, AB T0H 1L0, 780-835-2238.

Producer's Name			
Cervid Farm Number			
Species			
Land Location		PID Number	
Address			
Town/City		Postal Code	

ADMINISTRATION REPORT – Check Type Completed	
<input type="checkbox"/> Physical Inventory by Accredited Veterinarian	CFIA Expiry Date:
<input type="checkbox"/> Physical Inventory by AF Inspector or CFIA Inspector	

CERVID INVENTORY (Attach Working Copies, Printed Third Party Name, Signed, and Dated)			
Number of Cervid Tags Read	Males	Females	Total
Number on Government Database	Males	Females	Total
Number Missing	Males	Females	Total
Number of Heads in Freezer	Males	Females	Total
Number <12 Months Not Tagged	Males	Females	Total
Any Discrepancies (If Yes, identify in comments below)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments – Identifying tag number of missing, deads/slaughters not submitted/escapes, any certificates not submitted for updating.			

PRODUCER RECEIPTS REVIEWED (Retain Sale, Purchase, and Movement Permits with Cervid Producers Files)		
Cervid Purchase Receipts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cervid Sale Receipts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any Cervid Exported for Slaughter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, identify if heads were tested. Identify province/state location and premise slaughtered.		

CORRECTIVE ACTIONS / COMMENTS		

Producer Printed Name	Signature of Producer	Date Signed

Accredited Veterinarian Printed Name	Signature of Accredited Veterinarian	Date Signed

Approved Alternate Printed Name	Signature of Approved Alternate	Date Signed