

Cervid Producer Perimeter Fence Attestation Report (Form 6)

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	

I, _____, do hereby certify that I have inspected the perimeter fence of my cervid farm on the following dates:

Date	Any Issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date	Any Issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date	Any Issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date	Any Issues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Describe your observations/deficiencies/corrective actions:

Producer Printed Name	Signature of Producer	Date Signed

OR

Accredited Veterinarian Printed Name	Signature of Accredited Veterinarian	Date Signed