

Annual Escape / Intrusion Report (Form 8)

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.

Producers must complete this form and submit it to the VHCP Status Assessor:
Immediately after an incident occurs **AND** Yearly along with FORM 4 Annual Inventory Report.

Year		Escape or Intrusion <input type="checkbox"/> Yes <input type="checkbox"/> No	
Producer's Name (If Producer is an Individual)			
Corporate Name (If Producer is a Corporation)			
Authorized Representative		Cervid Farm Number	
Land Location		PID Number	
Address			
Town/City		Postal Code	
Email Address			
Home Phone			
Cell Phone			
Fax			

<input type="checkbox"/> Escape		<input type="checkbox"/> Intrusion	
Date			
Location			
Number of Animals			
Tag Numbers			
Length of Time			
Recovered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Contact with Wild Cervids	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Incident Details			

Producer Printed Name	Signature of Producer	Date Signed	