



Canada and Alberta Bovine Spongiform Encephalopathy (BSE) Surveillance Programs

Instructions

1. **This application consists of five components:**
 - i. General Information Form
 - ii. Agreement Form – Part A
 - iii. Agreement Form – Part B
 - iv. National Program Conditions – Schedule A
 - v. Alberta Program Conditions – Schedule B

Complete all information on the *General Information Form* (pages 2 and 3).

2. **The producer must sign the form in two places:** on the Agreement Form – Part A and Part B.
3. **The veterinarian must sign the form in two places:** on the Agreement Form – Part A and Part B.
4. **Please see the *Program Conditions* for important eligibility requirements.**

NOTE: in Schedule B, 3.1.1.e: “An Eligible Producer is one who understands and agrees that the Eligible Animal and all portions shall not be sent to human or animal food until the owner is notified of negative test results, and if the Eligible Animal is used for human food, the applicant is not eligible for reimbursement under this program.”

**PLEASE NOTE THE CHANGES TO CATTLE ELIGIBILITY REQUIREMENTS,
EFFECTIVE JUNE 13, 2006**

5. **Carcass Disposal:** Please note that carcasses of animals not being used for human food must be disposed of in accordance with Alberta’s Livestock Diseases Act, Destruction and Disposal of Dead Animals Regulation. Under this regulation acceptable means of carcass disposal include burial, rendering, incineration, burning, composting and natural disposal. Remember that if the animal was euthanised with chemical agents, natural disposal is not an option. This regulation can be viewed at the following website:

- a. Go to: <http://www.qp.gov.ab.ca/catalogue/>
- b. In the “**Search by Title**” field, type in: “Destruction and Disposal of Dead Animals”
- c. Press “**Search**”
- d. Item / ISBN# 0773289585
- e. Click on “**View text of this document**”

6. **Submitting applications with incomplete or missing information may delay testing, reporting of results and payment processing.**

For more information:

**Strategy and Business Planning Division
Toll Free Dial 310-0000 followed by (780) 422-9167
Fax: (780) 427-5921**



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Canada and Alberta Bovine Spongiform Encephalopathy (BSE) Surveillance Programs General Information Form

Producer Information (Please PRINT CLEARLY)

Business Name / Farm Name		Last Name		First Name	
AND					
Address			Legal Land Description of Home Quarter		
City / Town		Province	Quarter		Section
			Township		Range
Postal Code		Home phone		Cell phone	
		()		()	
Email address			<input type="checkbox"/> Fax results to <i>West Coast Reduction</i> (Rendering)		
Do you produce purebred cattle? <input type="checkbox"/> YES <input type="checkbox"/> NO		How many cattle on your farm are greater than 30 months of age? _____			

Information Required for Producer Payment (complete this section to participate in the Canada and Alberta BSE Surveillance Program)

Business Number	AND	Social Insurance Number
_____ - _____		_____ - _____ - _____

Veterinarian / Inspector Information

Clinic / Organization		Veterinarian / Inspector	
Address			
City / Town		Province	Postal Code
Phone	Fax	Email	
()	()		

Submission Information (to be completed by Veterinarian / Inspector)

Date collected	Sex	Age of Animal
___/___/___ y y m m d d	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____
		Circle one: Days Months Years
Type of animal <input type="checkbox"/> Dairy <input type="checkbox"/> Beef		Is the age: Known? <input type="checkbox"/> Estimated? <input type="checkbox"/>
Breed: _____	Color: _____	Legal Land Description of where the animal was sampled
		Quarter Section Township Range Meridian
Specimen type <input type="checkbox"/> Brain Stem <input type="checkbox"/> Whole Brain	State <input type="checkbox"/> Fresh <input type="checkbox"/> Frozen	

Animal CCIA# Province of birth:

Other identification (brands, tags, tattoos, etc.): _____

Provincial Meat Inspection Use ONLY

Condemned Reason: _____ Passed

FOR OFFICE USE ONLY

Case Number	Waybill Number	Received Date (YY/MM/DD)
_____	_____	___/___/___
Specimen received at <input type="checkbox"/> FSD -Airdrie <input type="checkbox"/> FSD - Edmonton <input type="checkbox"/> FSD - Lethbridge <input type="checkbox"/> FSD - Fairview <input type="checkbox"/> CFIA Lethbridge Lab		

Eligible Bovine / Animals (to be completed by Veterinarian / Inspector)

Choose **ONE** of the following 5 categories that best describes the eligible bovine / animal at time of collection, **BASED ON CLINICAL SIGNS ONLY**

- NEUROLOGICAL:** Cattle of any BCS exhibiting abnormalities in locomotion, sensation OR mentation that a veterinarian could **DIRECTLY** attribute to a CNS abnormality.
- DISEASED:** Cattle with a BCS of '2' or less that exhibit and/or have a history of a chronic and progressive disturbance in locomotion, sensation OR mentation, and is not likely to respond to treatment **AND HAS NOT BEEN DIRECTLY ATTRIBUTED TO A CNS ABNORMALITY BY A VETERINARIAN.**
- DISTRESSED:** Acutely ill or injured cattle presented for emergency slaughter. **MUST** be examined by a veterinarian, CFIA technician or a licensed meat inspector before slaughter.
- NON-AMBULATORY:** Down or disabled and unable to get up and/or walk without assistance.
- DEAD:** Found dead from undetermined causes.

Post-Mortem Diagnosis (for veterinarians only):

1. Was a post mortem examination performed? YES _____ NO _____
2. If yes, what was the post mortem diagnosis? _____

Clinical History:

Duration of clinical signs observed

- Less than one week
- More than one week, but less than six months
- More than six months
- Unknown

Treatment

- Not treated
- Treated without response Treatment given: _____

Loss of Production

- Body weight less than normal
- Decreased milk production

Body Condition Score 1 2 3 4 5

Additional Clinical History:

Change in Behaviour

- Apprehensive or nervous
- Abnormal temperament (aggressive or frenzied)
- Changes in status within herd
- Hesitation at doors, gates or barriers
- Apparent blindness
- Teeth grinding
- Head pressing
- Abnormal head and/or ear position
- Other _____

Change in Sensation

- Hypersensitivity to touch, sound or sight stimuli
- Kicking during milking or nursing
- Excessive licking of the muzzle
- Muscle tremors
- Other _____

Change in Movement

- Abnormal posture, including arched back
- Ataxic, uncoordinated or exaggerated gait
- Circling
- Knuckling
- Falling down or stumbling
- Inability to get up (recumbent)
- Other _____

Other: _____

Presumptive Clinical Diagnosis (for veterinarians only): _____



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National (Canada) Bovine Spongiform Encephalopathy (BSE) Surveillance Program Agreement Form – PART A

Producer Agreement

I, the Producer, hereby:

- 1.1. Certify and warrant that I am the owner, or person having the legal possession, care or control of the Eligible Bovine described on the *General Information Form* (page 1).
- 1.2. Certify and warrant that I have the right to grant permission to the CFIA or to the Veterinarian to access the Eligible Bovine and to take samples of the brain of the Eligible Bovine (post mortem) without the consent of any third party and without violating the rights of any third party, and I hereby grant such permission.
- 1.3. Consent to the disclosure by the CFIA to the Veterinarian of the results of the tests conducted on an Eligible Sample. I further acknowledge and agree that I may receive such results from the Veterinarian.
- 1.4. Acknowledge and agree that nothing in this agreement shall be interpreted so as to prevent the CFIA from carrying out, or compromise or hinder the CFIA in the carrying out of its statutory responsibilities or mandate. I further acknowledge and agree that nothing in this agreement shall relieve me of any responsibilities or obligations that I may have under any federal legislation, including the *Health of Animals Act* or the *Feeds Act*.
- 1.5. Acknowledge and agree that, subject to the payment identified at article 5 of Schedule A, which schedule is attached and forms part of this agreement, I undertake my obligations and responsibilities under this agreement at my own risk and at my own expense.

I, the Producer, have read and understood all the terms and conditions in this agreement including in Schedule A and I declare that I agree with these terms and conditions. I certify and agree that I have complied with and met and will comply with and will meet all such terms and conditions.

Signature of Submitting Producer

Date

Signature

___ / ___ / ___
y y m m d d

Veterinarian Agreement (if privately employed)

I, the Veterinarian, hereby certify and warrant that:

- 2.1 I am a privately employed veterinarian.
- 2.2 I examined the Eligible Bovine and described it under one of the categories as required on the *General Information Form* (page 1).
- 2.3 I examined the Eligible Bovine and collected a sample from the Eligible Bovine in accordance with the requirements of Schedule A, which schedule is attached and forms part of this agreement.
- 2.4 A fee of \$_____ (insert the amount charged before all applicable taxes) plus \$_____ (insert the amount charged as applicable taxes) was charged by me to the Producer in association with the Eligible Bovine including the services described in section 3 of Schedule A.

I, the Veterinarian, hereby acknowledge and agree that:

- 2.5 Nothing in this agreement shall be interpreted so as to prevent the CFIA from carrying out, or compromise or hinder the CFIA in the carrying out of its statutory responsibilities or mandate. I further acknowledge that nothing in this agreement shall relieve me of any responsibilities or obligations that I may have under any federal legislation, including the *Health of Animals Act* or the *Feeds Act*.
- 2.6 I undertake my obligations and responsibilities under this agreement at my own risk and, subject to the payment identified at article 5 of Schedule A, at my own expense.

I, the Veterinarian, have read and understood all the terms and conditions in this agreement including in Schedule A and I declare that I agree with these terms and conditions. I certify and agree that I have complied with and met and will comply with and will meet all such terms and conditions.

Signature of Submitting Veterinarian

Date

Signature

___ / ___ / ___
y y m m d d

Alberta
Bovine Spongiform Encephalopathy (BSE) Surveillance Program
Agreement Form – PART B

Declaration of the Producer

I, the Producer, certify and warrant that:

1. I am the owner, or the person having the legal possession of the animals and/or carcasses described in the *General Information Form*,
2. I have read and understood the Program Conditions that form part of this application, and agree to be bound by them,
3. I consent to the disclosure by AAFRD / CFIA to the Veterinarian of the results of the tests conducted on an Eligible Sample. I further consent to the disclosure of the results of the test by the CFIA to AAFRD for the purpose of monitoring, evaluating and managing the risk of BSE in Canada and Alberta. I further acknowledge and agree that I may receive such results from the Veterinarian or AAFRD,
4. I acknowledge and agree that, subject to the payment identified in part 7 of the Program Conditions which form part of this agreement, I undertake my obligations and responsibilities under this agreement at my own risk and at my own expense

Signature of Submitting Producer

Date

Signature

____/____/____

y y m m d d

- The personal information on this submission sheet is being collected for and shall only be used as a part of the Alberta BSE Surveillance Program. It is protected by the provisions of the *Freedom of Information and Protection of Privacy Act* (Alberta) and the *Access to Information Act and Privacy Act* (Canada). If you have any questions about the collection of this information, please contact AAFRD at (780) 422-9167.

Declaration by the Veterinarian / Inspector

I, the Veterinarian / Inspector, certify and warrant that:

1. I examined the animal and collected a sample from the animal in accordance with the Program Conditions relating to the Alberta BSE Surveillance Program.

I, the Veterinarian, certify and warrant that:

2. I have read and understood the Program Conditions that form part of this application, and agree to be bound by them,
3. I undertake my obligations and responsibilities at my own risk and subject to the payment identified,

Signature of Submitting **Veterinarian / Inspector**

Signature

____/____/____

y y m m d d

Declaration by the Abattoir

I, an authorized representative of the Abattoir, certify and warrant that:

1. I have read and understood the Program Conditions that form part of this application, and agree to be bound by them,
2. I undertake my obligations and responsibilities at my own risk and subject to the payment identified,

Signature of Submitting **Abattoir**

Signature

____/____/____

y y m m d d

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Please detach and give to Producer

Please detach and give to Veterinarian / Abattoir

Canada and Alberta BSE Surveillance Programs <i>Producer Invoice</i>		Canada and Alberta BSE Surveillance Programs <i>Veterinarian / Inspector Invoice</i>	
		Affix ID label from kit here	
Date collected __ / __ / __ y y m m d d	Animal CCIA# _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _	Date collected __ / __ / __ y y m m d d	Animal CCIA# _ _ _ _ - _ _ _ _ - _ _ _ _ - _ _ _ _
Producer name		Producer name	
Clinic / Organization		Clinic / Organization	
Veterinarian / Inspector (<i>please print</i>)		Veterinarian / Inspector (<i>please print</i>)	