

# **Canadian CWD Voluntary Herd Certification Program Inventory Form**

This form is to be used only by those operators who are enrolled at Level C, B or Certified in the Canadian Chronic Wasting Disease (CWD) Voluntary Herd Certification Program and are entitled to complete their own whole herd inventory for their annual assessment. A physical inspection by a third party is required every third year.

This form is to be completed and returned to: Saskatchewan Agriculture and Food, Inspection and Regulatory Management, Rm. 201 – 3085 Albert Street, Regina, SK, S4S 0B1 or faxed to (306) 787-1315.

Game Farm Operator: \_\_\_\_\_ Herd Prefix: \_\_\_\_\_

Address: \_\_\_\_\_ Page No. \_\_\_\_\_ Of \_\_\_\_\_

Species	Provincial Tag Number	Producer Visual Tag Number	H of A Tag Number	Sex	Old Tag Number (If a tag was replaced)

I hereby declare that the animals recorded on this report are a true and accurate listing of all living game farm animals located on all land locations associated with my game farm licence.

I authorize SAF to disclose any information obtained by or submitted to SAF related to my game farm, to any government department or agency within or outside Saskatchewan for the purposes of regulating game farming or administering disease surveillance programs.

Game Farm Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_