

Inspection and Regulatory Management Branch Room 201, 3085 Albert Street

Regina SK S4S 0B1

Telephone: (306) 787-4682 Fax: (306) 787-1315

Saskatchewan's Cervid Chronic Wasting Disease (CWD) Surveillance Program Enrollment Form

This enrollment form is hereby submitted, under the provisions of *The Animal Products Act* and *The Domestic Game Farm Animal Regulations*, for mandatory participation in Saskatchewan's Cervid Chronic Wasting Disease (CWD) Surveillance Program.

Please print clearly						
Name of Domestic Game Farm Licence Holder			Farm Name			
Herd Letters	Game Farm Lice	nce Number	Telephone		Fax	
Land Location(s)	for the above me	ntioned licence				
Please include Quarter, Section, Township, Range, and Meridian of all land locations associated with your licence.						
All Legal Land De	scriptions				Farm Located in R.M. #	
Are you the owner of the above land location(s)? YES \square NO \square						
Are there more domestic game farm licences associated with the land location(s) listed above? YES NO						
Licence Number and Herd Letters of associated licences (if applicable)						
Will CFIA be testing your herd in the near future? \square YES \square NO						
If YES, what is the date of your next scheduled appointment?						
Species raised on the licensed game farm:						
☐ Caribou	☐ Elk	☐ Fallow Dee	r Moose			
☐ Mule Deer	☐ Musk Deer	Reindeer	☐ White-Ta	iled Deer		

I hereby authorize:

- Canadian Food Inspection Agency (CFIA) to release CWD test results, Transportation Authorization
 Permits and herd inventory to Saskatchewan Agriculture and Food (SAF); and
- Prairie Diagnostic Services (PDS), or any other designated laboratory, to release CWD test results on submitted samples to the Inspection and Regulatory Management Branch, SAF, and CFIA.

I agree to the following conditions:

- No action shall be instituted against the Crown in right of Saskatchewan, the minister, an inspector, or any officer or employee of the government for any loss or damage suffered by reason of anything in good faith done, caused, permitted or authorized to be done, attempted to be done or omitted to be done by any of them in the carrying out of any responsibility or function associated with this program.
- The Government of Saskatchewan reserves the right to make changes to this surveillance program.

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I understand that under this program:

- an inspector, veterinarian, or other authorized person will carry out an annual physical inspection of my cervids and will have access to my farm, all cervids on the farm and any herd inventory records as required;
- adequate handling facilities must be provided for inspection, testing or sampling;
- a herd inventory record, as described in the regulations must be kept in writing with respect to each domestic game farm animal on my farm and that I may be requested to submit a copy of this record to SAF;
- all deaths of cervids 12 months or older must be reported to SAF within 24 hours of discovery and that specified samples from those animals, adequate for testing, must be submitted to PDS, or other designated laboratory, for testing within 15 days after the death is discovered;
- information related to my game farm provided to or obtained by SAF pursuant to this program is collected for the purposes of regulating domestic game farming and administering programs for the detection, prevention or eradication of diseases, and any such information may be disclosed by SAF to any government department or agency within or outside Saskatchewan for those same purposes;
- all game farms operated under one licence are considered one farm;
- my domestic game farm licence may be suspended for failure to comply with this program; and
- further details of this program are contained in *The Domestic Game Farm Animal Regulations*, R.R.S. c. A-20.2, Reg. 10, as amended, or the Saskatchewan's Cervid CWD Surveillance Program document both may be obtained from Inspection and Regulatory Management Branch, Room 201, 3085 Albert Street, Regina, Saskatchewan, S4S 0B1 or by calling (306) 787-6069.

I hereby certify that:

(a)	I am authorized	to submit this enrol	lment form on	behalf of a	all other	domestic gam	e farm lic	cence hol	lders and	owners
who	se cervids may,	from time to time, b	e held at my de	omestic ga	me farm;	;				

(b)	the information contained	l in this form is accurat	te and complete in every respect.
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Enrollee's or Authorized Representative's Name (print)			Signature	Date		
For Office Use Only: File #				File #		
			Date of reconciliation to			
Previous History	Anniversary Date	TAP Number	the provincial database	By whom?		
Approving Official: Enrollment Date:						

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