



**Cervid Chronic Wasting Disease Surveillance Identification (CCWDSI)
 Herd Certification Program (HCP) or Herd Monitoring Program (HMP) Application – Page 1**

The application itself consists of three (3) pages - application, initial census report and veterinarian's statement. The initial census will need to be returned within 10 days after your animals have arrived. Please feel free to contact our office if you have any questions or concerns regarding this material.

In addition to meeting the requirements of our Department, the applicant must also meet requirements set forth by the Kentucky Department of Fish and Wildlife. The phone number for that agency is (502) 564-3400.

A separate application shall be completed for each program, as indicated below.

Herd Certification Program (HCP) <input type="checkbox"/> (for breeding purposes)	Herd Monitoring Program (HMP) <input type="checkbox"/> (for hunting purposes)
(PLEASE PRINT CLEARLY)	
Owner: _____ Phone: _____	
Email Address: _____	
Driver's License Number: _____ Date of Birth: _____	
Business/Trade Name: _____	
Physical Address: _____	
City: _____ State: ____ Zip: _____ County: _____	
Mailing Address (if different from physical): _____	
City: _____ State: ____ Zip: _____ County: _____	
Manager (if different from owner): _____ Phone: _____	
Driver's License Number: _____ Date of Birth: _____	
(List additional Owner/Manager information [including DL#/DOB] on the back of this sheet)	
Herd location (street address, county, driving directions): _____	

Type of Cervid (circle appropriate type): Deer Elk Moose Caribou Reindeer Other _____	

The above listed applicant(s), if approved for program participation, shall do the following on an annual basis to continue such enrollment in the Herd Certification/Monitoring Program:

- **Make check or money order payable to Kentucky State Treasurer for \$150.00 per location**
- Identify every cervid in the herd that is 12 months or older with official individual identification.
- Upon death, cervids shall be tested for CWD by an approved laboratory as required.
- Notify the herd veterinarian within 24 hours after observing any signs or symptoms suggestive of CWD in the herd.
- Complete and file an annual herd census.
- Create and maintain complete herd records under 302 KAR 20:066 Section 3 (5).
- Provide the Department with an annual written statement (Veterinarian of Record Certificate) from the herd veterinarian. A licensed, accredited veterinarian shall sign and submit the statement within 30 days before or after the anniversary of the herd's enrollment under 302 KAR 20:066, Section 4(1)(b).

Owner/Manager Signature _____ Date _____



**Cervid Chronic Wasting Disease Surveillance Identification (CCWDSI)
 HCP or HMP Application – Page 2**

Annual Herd Census

(Must be mailed in 10 days after moving animals to farm)

Owner/Manager Name: _____

Business/Trade Name: _____

Species of Cervid: _____ Number in herd: _____

	Official Identification Number	Secondary ID	Age	Sex
1				
2				
3				
4				
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**Cervid Chronic Wasting Disease Surveillance Identification (CCWDSI)
 HCP or HMP Application – Page 3**

Veterinarian of Record Certificate

I, _____, a licensed and accredited veterinarian in Kentucky, have
 (PLEASE PRINT CLEARLY)
 established a valid veterinarian-client relationship with the herd owner/manager.

 Veterinarian Signature / Accreditation Code Date

 Physical Street Address, City/State/Zip

 Mailing Street Address (if different from physical), City/State/Zip

 Main Phone Number Alternate Phone Number

Owner/Manager Name: _____ Business/Trade Name: _____



KENTUCKY DEPARTMENT OF AGRICULTURE
A Consumer Protection And Service Agency • www.kyagr.com
Office of the State Veterinarian, 109 Corporate Drive, Frankfort, KY 40601
Phone (502) 573-0282 • Fax (502) 573-1020

Cervid Chronic Wasting Disease Surveillance Identification (CCWDSI)

Checklist for Certification of Enrollment

Owner/Manager Name: _____

Business/Trade Name: _____

- Application
- Payment
- Veterinarian of Record Certificate
- Annual Herd Census and/or Reconciled Inventory List
*indicate Retags on Inventory List
- Herd/Flock Additions form (if applicable)
- Herd/Flock Deletions form (if applicable)
- Inspection form completed by KDA field staff**

For Certification of Enrollment into the CCWDSI Program in Kentucky, all items on this checklist must be returned to the Office of State Veterinarian 30 days **prior** to expiration date.