

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES	CHRONIC WASTING DISEASE (CWD) INSPECTION REPORT for EXEMPTION ON TESTING CERVIDS MOVED FROM a HERD CERTIFICATION PROGRAM (HCP) BREEDING HERD TO A HUNTING PRESERVE UNDER THE SAME OWNERSHIP
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Date of HCP certification	Breeding Herd Owner Name, Address, Email Address and Telephone (herd location(s) if Different)	Hunting Facility Owner Name, Address, Email Address and Telephone (herd location(s) if Different)
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Inspector			Inspection Date				
INVENTORY OVER LAST 3 YEARS	Year 1	Year 2	Year 3	TESTING OVER LAST 3 YEARS	Year 1	Year 2	Year 3
Adults(≥ 12 mos)				On-farm and slaughtered mortalities			
Species (WTD, MD, Elk)				Percentage of herd tested, must be 8% (Total Testing for Year X ÷ Total Inventory Year X)			

Yes	No	N/A	INSPECTION CHECKLIST <i>If "No" for any item, explain in comments.</i>
			Cervid herd inspected and found free of clinical signs of CWD.
			Cervid herd inspected and inventoried and those over 12 months of age are officially identified.
			Annual inventory numbers over last 3 years provided including animal acquisitions, animal deaths and animals sold/removed.
			At least 8% of the herd was sampled annually and if not, an explanation for how the missing sample was rectified is provided.
			All on-farm mortalities/slaughtered animals over twelve months of age were sampled for CWD testing over the past three years.
			For each poor-quality or missing sample, an explanation of how the problems were rectified was provided.
			All samples submitted for CWD testing from on-farm mortalities and slaughtered animals over the previous three years included both the obex and medial retropharyngeal lymph nodes, and corresponding official ID with tissue attached.
			If this is an initial approval and greater than 5 percent poor quality and missing samples were submitted over the last three years, were corrective actions taken to address the sampling problem and has the herd owner complied with the sampling requirements for at least the last 12 months.
			Laboratory records for the last 3 years are provided.

Comments (if more space needed, use an attached sheet):

Application Form Completed	Yes	No
Herd Meets Program Standards	Yes	No

Herd Owner Signature _____ **Date** _____

AVIC Signature _____ **Date** _____

SAHO Signature _____ **Date** _____

DRAFT