

CWD Certification Program Application

A person that owns farmed or captive cervids of the following species must comply with Indiana State Board of Animal Health rules on chronic wasting disease (CWD) control:

Genera *Cervus*, *Odocoileus*, and *Alces* (white-tail deer, elk, red deer, Sika, Japanese deer, Spotted deer, mule deer, wapiti, moose or hybrids of these).

The rules apply without regard to the size or type of operation. 345 IAC 2-7.

The owner of each cervid herd must follow the rules for one of the two chronic wasting disease programs: the **CWD Certification Program** or the **CWD Registered Program**.

The attached document describes the requirements for each program.

Herd owners that choose to participate in the CWD Certification Program must complete the following application form and submit it to the BOAH.

Owners of other, not-known-to-be-susceptible species (such as Reindeer, Fallow, or Muntjac) may opt into the one of the CWD programs voluntarily: Other states may require a CWD status for interstate movements of all species.

If a herd owner does not submit an application for the CWD Certification program and comply with all of the requirements for that program, their cervid herd will be in the CWD Registered Program by default.

**Application to Enroll in the Indiana State Board of Animal Health
Chronic Wasting Disease (CWD) Cervid Herd Certification Program**

To enroll in the CWD Certification Program, complete the following application and return to the address listed below.

Herd Owner (Applicant): _____
Farm Name: _____
Owner Address: _____
City: _____ State: _____ Zip code: _____ County _____
Phone: _____ Cell phone: _____ Fax: _____
Email: _____

Farm Address (if different): _____
City: _____ State: _____ Zip code: _____ County _____
Phone: _____ Cell phone: _____ Fax: _____
Email: _____

Herd Manager Name: _____
Manager Address: _____
City: _____ State: _____ Zip code: _____ County _____
Phone: _____ Cell phone: _____ Fax: _____
Email: _____

Herd Veterinarian's Name: _____
Practice Name: _____
Practice Address: _____
City: _____ State: _____ Zip code: _____ County _____
Phone: _____ Cell phone: _____ Fax: _____
Email: _____

(over)

Please check all species that are represented in this herd:

- Whitetail Elk Sika Fallow Reindeer
 Red deer Muntjac Other: _____

I understand that I must abide by the current program requirements for my cervid herd to remain in the CWD Certification program.

Signature

Date

Please return original form to:

Attention: Paula Livers
Indiana State Board of Animal Health
Discovery Hall Suite 100
1202 E 38th Street
Indianapolis, IN 46205-2898
Toll Free: 1-877-747-3038 Fax: (317)-974-2011

For office use only: National Premise ID: _____ Cervid Herd ID: _____

A copy of this form will be returned to you for your records.