

**FORM 3 - DECLARATION OF ENROLLMENT
CWD HERD CERTIFICATION PROGRAM**

Declaration of enrollment between the Owner and the Regional Administrator

Owner:

I hereby certify that I have carefully read and fully understand all documentation pertaining to the CWD Voluntary Herd Certification Program

I am aware of the various requirements that my operation must meet in order to qualify for the program, and I declare that said operation is in full compliance

I have completed all paperwork requiring my input and signed all necessary forms

I have reported to my accredited veterinarian any illness in cervids over 12 months of age, lasting longer than two weeks that is not responding to treatment.

Accredited or Official Veterinarian:

I hereby certify that I have carefully read and fully understand all documentation pertaining to the CWD Voluntary Herd Certification Program

I have thoroughly reviewed this operation and hereby certify that it meets all eligibility and suitability requirements, as set forth in the National Standards

I have completed all paperwork requiring my input and signed all necessary forms

I have been notified of and have monitored the progress of all reported illnesses in cervids over 12 months of age that lasted longer than two weeks

I have never observed any clinical signs of CWD in this herd.

Farm Name _____

First Name _____ Last Name _____

Cervid Farmer Signature

Accredited Veterinarian Signature

Cervid Farmer Printed Name

Accredited Veterinarian Printed Name

Dated this ___ day of _____, 20___

Dated this ___ day of _____, 20___