

**Form 12 - Annual Reconciliation Summary and Review  
CWD Herd Certification Program**

Farm Name \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Current Fiscal Year Inventory: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Program Enrolment Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Inventory	Current Fiscal Year	Previous Fiscal Year
<i>enter applicable years here &gt;&gt;</i>		
Total number of animals in herd at <b>BEGINNING</b> of fiscal year, <i>this must be the same number as your ENDING inventory from previous submission</i>		
Total number of cervid <b>natural increases</b> , <i>since the previous submission</i>		
Total number of cervids <b>incoming</b> , <i>since the previous submission</i>		
Total number of cervids <b>outgoing</b> , <i>since the previous submission</i>		
Total number of cervid <b>slaughters</b> , <i>since the previous submission</i>		
Total number of cervid <b>other deaths</b> , <i>since the previous submission</i>		
<b>Sub-Total</b>	<b>0</b>	<b>0</b>
Other, <i>specify:</i>		
Other, <i>specify:</i>		
<b>Total Inventory Reconciliation Summary</b> , <i>this number must match your total on Form 6 and also your full inventory listing on Form 14</i>	<b>0</b>	<b>0</b>

Transportation Permits from CFIA or other authorized body	Current Fiscal Year	Previous Fiscal Year
<i>enter applicable years here &gt;&gt;</i>		
Total number of cervids <b>LEAVING</b> as per transport permits		
Of total cervids recorded on transport permits as leaving, how many were completed		
Of total cervids recorded on transport permits as leaving, how many were uncompleted		
Total number of <b>Exporting</b> Transport Permits attached		
Total number of cervids <b>ENTERING</b> as per transport permits		
Of total cervids recorded on transport permits as entering, how many were completed		
Of total cervids recorded on transport permits as entering, how many were uncompleted		
Total number of <b>Importing</b> Transport Permits attached		

Laboratory Reports <i>for clarification refer to the Certification Standards, Section 4.2.7</i>	Current Fiscal Year	Previous Fiscal Year

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<i>enter applicable years here &gt;&gt;</i>		
Total number of CWD Tests completed		
Of total CWD Tests, how many were diagnosed as <b>CWD not detected</b>		
Of total CWD Tests, how many were diagnosed as <b>CWD not detected in secondary target tissue</b>		
Of total CWD Tests, how many were diagnosed as <b>unsuitable for testing</b>		
Other CWD Test Results:		

<b>Veterinary or Other Exemption Letters</b>	<b>Current Fiscal Year</b>	<b>Previous Fiscal Year</b>
<i>enter applicable years here &gt;&gt;</i>		
Total Number of Exemption Letters		
<i>Specify:</i>		
<i>Specify:</i>		
<i>Specify:</i>		
<i>Specify:</i>		

Cervid Farmer Signature \_\_\_\_\_

Cervid Farmer Printed Name \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

Accredited Veterinarian Signature \_\_\_\_\_

Accredited or Official Veterinarian Printed Name \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_