

FORM 2 - ANNUAL OWNER / FARM INFORMATION UPDATE  
CWD HERD CERTIFICATION PROGRAM

**Owner / Farm Information**

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

Is the name shown here the owner? Yes / No (circle one that applies)  
If no, list farm manager contact information here:

Have there been significant changes to the cervid operations since the last program application?

Yes / No (circle one that applies)  
*\*If Yes, include an updated **Form 5 – Farm Site Plan** and elaborate on changes on **Form 9 - Biosecurity Assessment***

Game Farm License Number \_\_\_\_\_

Civic Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City / Town \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**3 Letter Farm Code** \_\_\_\_\_

**Farm Address**

*complete this section only if farm address is different from above*

Civic Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City / Town \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**Program Specifics**

Date of initial herd inventory \_\_\_\_\_ / Month \_\_\_\_\_ / Day \_\_\_\_\_ / Year \_\_\_\_\_

Date of this year's herd inventory \_\_\_\_\_ / Month \_\_\_\_\_ / Day \_\_\_\_\_ / Year \_\_\_\_\_