

**FORM 6B - CFIA VETERINARIAN INVENTORY CONFIRMATION:
ONLY IN YEARS WHEN CFIA TUBERCULOSIS & BRUCELLOSIS TESTING TAKES PLACE
CWD HERD CERTIFICATION PROGRAM**

(Name of CFIA Veterinarian)

(District office telephone number)

on this the _____ day of _____, 20____

confirms that:

- all cervids under 12 months of age are identified in a manner that enables the owner/cervid farm operator to track these cervids in the herd inventory, AND
- all cervids over 12 months of age were identified by two unique identification devices, one of which was an official tag. Where both national and provincial/territorial official identification requirements exist, the identification of the cervids complies with both requirements.

Signature:

CFIA Veterinarian

(name of accredited or official veterinarian or approved third party) (office telephone number)

on this the _____ day of _____, 20____

confirms that a reconciliation of the records was verified. The records were checked and there was reconciliation of the official forms of ID tags for each cervid.

on the farm of:

Farm Name _____

First Name _____

Last Name _____

Signature:

Accredited/Official Veterinarian or Approved Third Party