

Form 16 – Producer/CFIA Consent to Release Information to CSF  
Chronic Wasting Disease Herd Certification Program

Dear Producer and District Veterinarian,

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

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

As part of applying to the Chronic Wasting Disease (CWD) Herd Certification Program (HCP), the Canadian Sheep Federation (CSF) must determine that all participating farms are not subject to any quarantines or associated restrictions pertaining to the CWD imposed by the Canadian Food Inspection Agency (CFIA). In order to do this, the CSF must have permission of the farm owner to obtain this confidential information from the CFIA.

The Canadian Sheep Federation is asking each participating producer to cooperate in this process by signing the **Release of Confidential Information** (first paragraph on page two), consenting that the CFIA release this information to the CSF. Producers must send the signed letter to their local CFIA District Office, to the attention of the CFIA District Veterinarian.

The Canadian Sheep Federation is also asking the District Veterinarian to sign and date the **Letter of Confirmation** (second paragraph on page two), confirming that the property is not subject to any quarantines or associated restrictions pertaining to CWD imposed by the CFIA. The CFIA District Veterinarian must return this letter to the producer and the producer then must include it in the annual enrollment package to the CSF by fax, email or postal mail.

If you have any questions or concerns regarding this matter, please contact the Status Assessor at 1-888-684-7739 or by e-mail at [cwd@cansheep.ca](mailto:cwd@cansheep.ca).

The CSF appreciates your cooperation with this matter and thanks you for your involvement in the program.

**RELEASE OF CONFIDENTIAL INFORMATION- For Producer**

I \_\_\_\_\_ (Name of Producer) authorize the Canadian Food Inspection Agency to disclose to Canadian Sheep Federation any and all information regarding any quarantines or regulatory restrictions pertaining to Chronic Wasting Disease imposed on my premises or animals.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**LETTER OF CONFIRMATION- For CFIA District Veterinarian**

I, \_\_\_\_\_ (Name of District Veterinarian) confirm that the premises or animals owned and operated by \_\_\_\_\_ (Name of Producer) are not subjected to any regulatory restrictions pertaining to Chronic Wasting Disease.

Date \_\_\_\_\_

Signature \_\_\_\_\_