

**FORM 4 - DECLARATION OF ENROLLMENT
CHRONIC WASTING DISEASE 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 Chronic Wasting Disease Herd Certification Program

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

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

Finally, I have read, understood, and signed the Assumption of Risk / Indemnity Agreement and Release Form (Form 5) and included it with this package

Accredited or Official Veterinarian:

I hereby certify that I have carefully read and fully understand all documentation pertaining to the Chronic Wasting Disease Herd Certification Program

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

I have thoroughly reviewed this operation and hereby certify that it meets all eligibility and suitability requirements, as set forth in the Annual Operation Review Form (Form 6)

Farm Name _____

First Name _____ Last Name _____

Cervid Farmer Signature

Accredited/Official Veterinarian Signature

Cervid Farmer Printed Name

Accredited/Official Veterinarian Printed Name

Dated this ___ day of _____, 20___

Dated this ___ day of _____, 20___