

**FORM 8A – VETERINARIAN OR APPROVED THIRD PARTY INVENTORY CONFIRMATION
CHRONIC WASTING DISEASE HERD CERTIFICATION PROGRAM**

(name of accredited or official veterinarian, or approved third party) (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.

The records were checked and there was reconciliation of both 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 Signature