

**FORM 8B - CFIA VETERINARIAN INVENTORY CONFIRMATION:  
ONLY IN YEARS WHEN CFIA TUBERCULOSIS & BRUCELLOSIS TESTING TAKES PLACE  
CHRONIC WASTING DISEASE 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