FORM 9 – QUARTERLY ON-FARM DEATH REPORT
CHRONIC WASTING DISEASE HERD CERTIFICATION PROGRAM

Farm Name _____

First Name _____ **Last Name** _____

Form Submission Date _____

Form to be completed and submitted at the end of each quarter (March 31, June 30, September 30, December 31). Submit by email to cwd@cansheep.ca or by fax to 613-652-1599.

Animal ID	Date of Death	Date of Birth	Sex of Animal

(Rev 07/2020)