

# Saskatchewan's Cervid Chronic Wasting Disease Surveillance Program Enrollment Form

This enrollment form is hereby submitted, under the provisions of *The Animal Production Act* and *The Animal Production Regulations*, for mandatory participation in Saskatchewan's Cervid Chronic Wasting Disease (CWD) Surveillance Program.

Livestock Branch  
Room 202, 3085 Albert Street  
Regina, SK S4S 0B1  
Phone: 306-787-6469 | Fax: 306-787-1315

## Please print clearly

Name of Domestic Game Farm Licence Holder:

Farm Name:

Herd Letters:

Home Phone:

Cell Phone:

Email:

## Land Location(s) for the Above-Mentioned Licence

Please include quarter, section, township, range and meridian of all land locations associated with your licence.

All Legal Land Descriptions:

Farm Located in R.M. #:

Are you the owner of the above land location(s)? Yes ☐ No ☐

Are there more game farm licences associated with the land location(s) listed above?

Yes ☐ No ☐

Herd Letters of Associated Licences (if applicable)

Will CFIA be testing your herd in the near future? Yes ☐ No ☐

If "yes", what is the date of your next scheduled appointment?

## Species Raised on the Licensed Game Farm

☐ Caribou

☐ Elk

☐ Fallow Deer

☐ Moose

☐ Mule Deer

☐ Musk Deer

☐ Reindeer

☐ White-tailed

Deer

## I hereby authorize:

- Canadian Food Inspection Agency (CFIA) to release CWD test results, Cervid Movement Permits and herd inventory to Saskatchewan Ministry of Agriculture and
- Prairie Diagnostic Services (PDS), or any other designated laboratory, to release CWD test results on submitted samples to the Livestock Branch, Saskatchewan Ministry of Agriculture, and CFIA.

## I agree to the following conditions:

- No action shall be instituted against the Crown in right of Saskatchewan, the minister, an inspector, or any officer or employee of the government for any loss or damage suffered by reason of anything in good faith done, caused, permitted or authorized to be done, attempted to be done or omitted to be done by any of them in the carrying out of any responsibility or function associated with this program.
- The Government of Saskatchewan reserves the right to make changes to this surveillance program.

**I understand that under this program:**

- An inspector, veterinarian, or other authorized person will carry out an annual physical inspection of my cervids and will have access to my farm, all cervids on the farm and any herd inventory records as required;
- Adequate handling facilities must be provided for inspection, testing or sampling;
- A herd inventory record, as described in the regulations must be kept in writing with respect to each domestic game farm animal on my farm and that I may be requested to submit a copy of this record to Saskatchewan Ministry of Agriculture;
- All deaths of cervids 12 months or older must be reported to Saskatchewan Ministry of Agriculture within 24 hours of discovery and that specified samples from those animals, adequate for testing, must be submitted to PDS, or other designated laboratory, for testing within 15 days after the death is discovered;
- Information related to my game farm provided to or obtained by Saskatchewan Ministry of Agriculture pursuant to this program is collected for the purposes of regulating domestic game farming and administering programs for the detection, prevention or eradication of diseases, and any such information may be disclosed by Saskatchewan Ministry of Agriculture to any government department or agency within or outside Saskatchewan for those same purposes;
- All game farms operated under one licence are considered one farm;
- My domestic game farm licence may be suspended or canceled for failure to comply with this program; and
- Further details of this program are contained in *The Animal Production Regulations* and the Saskatchewan Cervid CWD Surveillance Program. Both documents may be obtained from Livestock Branch, Room 202, 3085 Albert Street, Regina, Saskatchewan, S4S 0B1 or by calling (306) 787-6469.

**I hereby certify that:**

- a. I am authorized to submit this enrollment form on behalf of all other domestic game farm licence holders and owners whose cervids may, from time to time, be held at my domestic game farm;
- b. The information contained in this form is accurate and complete in every respect.

\_\_\_\_\_  
*Enrollee's or Authorized Representative's Name (print)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

| For Office Use Only |                  |            |                                                   |          |
|---------------------|------------------|------------|---------------------------------------------------|----------|
| Previous History    | Anniversary Date | CMP Number | Date of Reconciliation to the Provincial Database | By Whom? |
|                     |                  |            |                                                   |          |
| Approving Official: |                  |            | Enrollment Date:                                  |          |
|                     |                  |            |                                                   |          |