



Kansas Department of Agriculture
Division of Animal Health
agriculture.ks.gov/animalhealth

1320 Research Park Drive
Manhattan, KS 66502
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Application for Chronic Wasting Disease Program
(A form must be completed for each premises enrolled in the CWD Program)

Facility Name _____ Phone _____ Fax _____

Facility Address _____ City _____ County _____ State _____ Zip _____

Contact Person (Print) _____ Phone _____ E-Mail Address _____

Directions to facility: _____

Mailing address if different from above: _____

Domesticated Deer Permit License Number: _____

Program Anniversary Date: _____

Previous Monitoring Level (years of CWD status): _____

Monitoring Level Requested: _____

Required documentation to complete application

Herd Inventory

Brucellosis Certified Free Herd

Last Herd Brucellosis Test Date _____

TB accredited Free Herd

Last Herd Tuberculosis Test Date _____

Certificates of Veterinary Inspection since last renewed

Domesticated Deer Movement Permits since last renewed

I certify that this herd inventory is a true and accurate accounting of the animals present on this premises on the Program Anniversary Date. The Herd History is a true and accurate account of the events affecting this herd in the past 36 months (12 months if this application is for renewal). Signs of CWD have not been observed in any susceptible species on this premise in the past three years. CWD has not been diagnosed in this herd in the past five years.

Signature of Herd Owner or Authorized Agent _____ Date _____

Signature of Herd Veterinarian (optional) _____ Date _____

Office Use Only

Approved

Not Approved