



# Application for Chronic Wasting Disease (CWD) Program

(A form must be completed for each premises enrolled in the CWD Program)

New Application \_\_\_\_\_ Renewal Application \_\_\_\_\_ Domesticated Deer Permit Number \_\_\_\_\_  
 Current Status Level \_\_\_\_\_ CWD Program Anniversary Date \_\_\_\_\_

## Section 1: Number of head over 1 year of age (Inventory)

Total Head Count by Species \_\_\_\_\_  
 \_\_\_\_\_

## Section 2: Facility Information

Facility Name \_\_\_\_\_ Physical Address of Animal Location \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Section 3: Owner's Information

Owner's Name _____	Home Phone _____	Office Phone _____	Cell Phone _____
Owner's Address _____	City _____	State _____	Zip Code _____
Email Address _____			
Co-Owner's Name _____	Home Phone _____	Office Phone _____	Cell Phone _____
Co-Owner's Address _____	City _____	State _____	Zip Code _____
Email Address _____			

## Section 4: Manager Information (If applies)

Manager Name \_\_\_\_\_ Email Address \_\_\_\_\_ Phone \_\_\_\_\_

## Section 5: Required Records

Please confirm all required documentation listed below has been submitted to KDA since last renewal

Herd Inventory	Last Herd Brucellosis Test Date _____
Brucellosis Certified Free Herd	Last Herd Tuberculosis Test Date _____
TB accredited Free Herd	
Certificates of Veterinary Inspection	
Domesticate Deer Movement Notification	

I certify that the information detailed above represents a true and accurate herd history and current herd inventory as required for participation in the CWD program. I further certify to the best of my knowledge that no clinical signs of CWD have been observed in any cervid species on this premises and that CWD has not been diagnosed in this herd during the past five years.

\_\_\_\_\_  
 Signature of Herd Owner or Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_