



CHRONIC WASTING DISEASE SUBMISSION FORM

Owner (game farm license holder):	Address:
Manager:	City/Town:
Farm Name:	Postal Code:
Herd Prefix:	Phone:
Email:	Fax:

Submitted by: ☐ Owner ☐ Manager ☐ Other (specify)

Submission Type: ☐ Head ☐ Brain ☐ Fresh ☐ Frozen

Slaughtered at: ☐ Provincial Plant ☐ Federal Plant ☐ On Farm

*Meat For Human Consumption		**Cause of death	Date of Death	Species	Age	Sex		Provincial Tag	H of A	Other Tag	Office Use Only		
											Tags In Situ	PDS Lab #	Lab Verified
Y	N					M	F				Y	N	
Y	N					M	F				Y	N	
Y	N					M	F				Y	N	
Y	N					M	F				Y	N	
Y	N					M	F				Y	N	
Y	N					M	F				Y	N	
Y	N					M	F				Y	N	
Y	N					M	F				Y	N	
Y	N					M	F				Y	N	

*Animals intended for human consumption will receive higher priority for testing.

** Cause of Death: HUNT, SLAUGHTER, EUTHANIZED, FOUND DEAD

Meat from slaughter animals should not be released for human consumption until CWD results are received. Although there is no known human risk from CWD, it is prudent to be cautious and protect venison markets until science is conclusive.

I hereby authorize Prairie Diagnostic Services Inc. (PDS) to release the CWD test results to Livestock Branch. PDS will forward a copy of results for CWD testing to Animal Health, Livestock Branch, Ministry of Agriculture, Room 202-3085 Albert Street, Regina SK S4S 0B1.

Owner/Manager (Signature) _____

Owner present: Y N

Saskatchewan Agriculture (SK Ag) is only responsible for payment of laboratory fees for Chronic Wasting Disease testing on animals over 12 months of age. All other tests required by owners or veterinarians will not be paid for by SK Ag.