



CHRONIC WASTING DISEASE SUBMISSION FORM

*For animals that **ARE NOT** enrolled in the Saskatchewan Herd Certification Program*

Owner (game farm license holder):			Address:		
Manager:			City/Town:		RM#
Farm Name:		Herd Prefix:	Legal Land Location (mandatory):		
Phone:		Fax:	Postal Code:		
Bill to: Livestock Branch Vet Unit (SASANI0001)			Owner Email:		
			Copy to: Livestock Branch Vet Unit (Dr. Stephanie Smith)		

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		
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 Vet Unit. PDS will forward a copy of results for CWD testing to Livestock Branch Vet Unit, Room 202-3085 Albert Street, Regina SK S4S 0B1.

Owner/Manager (Signature) _____

Owner present: **Y** **N**

Saskatchewan Ministry of Agriculture (Sask Ag and Food, Animal Health Unit) 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 Saskatchewan Ministry of Agriculture.