

## Instructions for the CWD HCP Annual Inventory/Inspection

1. Organize with a CWD certified veterinarian to perform your annual CWD inventory or inspection (as assigned in the accompanying letter). A map of CWD certified veterinarians with contact information can be found at: <http://www.ag.ok.gov/ais/farmedcervidaemap.htm>.
2. A spreadsheet of your previous inventory/inspection has been mailed to you along with this document. The CWD certified veterinarian will need to audit this spreadsheet according to the following instructions (a-d):
  - a. All animals required to be listed must have two forms of identification. At least one of the forms must be official ID.
    - i. During an “inventory” all animals must be listed (regardless of age), and all forms of ID must be physically verified.
    - ii. During an “inspection” only animals over 12 months of age and all purchased additions must be listed. The Farm ID may be verified from a distance, and official ID confirmed by reference in herd records.
  - b. If any information on the spreadsheet is incorrect, strike it out and replace with corrected information. If a tag change has occurred, please notate this. Farm tag colors shall be spelled out completely.
  - c. If an animal is still present in the herd, simply place a check mark in the “notes” column for that animal. If an animal has been sold, place an “S” in the notes column and write the date, name, city, and state for that sale. If the animal has died, place a “D” in the notes column and write the date and the sampling vet’s name. If an animal has escaped, place an “E” in the notes column with the appropriate date.
  - d. If an animal died and ODAFF received CWD test results, this animal has already been removed from your inventory. If a dead animal is listed on your inventory, ODAFF likely did not receive test results. These must to be supplied to ODAFF by April 1<sup>st</sup>.
3. A herd additions form has been included with this document to include new additions since your previous inventory/inspection. The CWD certified veterinarian shall complete this according to the directions on that form. Make additional copies of this form as needed.
4. Both the program participant and the CWD certified veterinarian must sign the agreement below.
5. Submit the updated spreadsheet, the herd additions form, this agreement form, and any additional CWD test results to: Animal Industry Services, 2800 N Lincoln Blvd, Oklahoma City, OK 73105 or scan and email to [justin.roach@ag.ok.gov](mailto:justin.roach@ag.ok.gov). Faxes are no longer accepted due to poor quality.

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## Chronic Wasting Disease Herd Certification Program Agreement

**CWD HCP Participant Statement:** “I, the participant listed below, certify that all information submitted is to the best of my knowledge true, accurate, and complete. Furthermore, I have read, understand, and agree to comply with all federal and state regulations for the Chronic Wasting Disease Herd Certification Program.”

Participant’s Name \_\_\_\_\_ CWD HCP Number \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**CWD Certified Veterinarian Statement:** “I, the CWD certified veterinarian listed below, have inspected the following cervidae and verified animal identification on the inventory/inspection forms according to the instructions provided. I further verify that I did not observe any symptoms of Chronic Wasting Disease in these cervidae.”

DVM’s Name \_\_\_\_\_ Accreditation Number \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

