

**FORM 12 - STATEMENT FROM ACCREDITED OR OFFICIAL VETERINARIAN
CWD VOLUNTARY HERD CERTIFICATION PROGRAM**

DATED:

Re: Whole Herd Inventory for _____ Inventory Year Farm Prefix: _____

To Whom It May Concern:

I would like to confirm that I have serviced the account of _____ at the
OWNER/OPERATOR NAME, FARM NAME

location of _____ for the year(s) _____
FARM STREET AND CITY ADDRESS Years

and that I have never observed any clinical signs of CWD in their herd.

Sincerely,

Veterinarian's Name:

Veterinary Clinic:

Contact Information: