

**Form 15 - Annual Reconciliation Summary and Review
CWD Voluntary Herd Certification Program**

Farm Name _____

First Name _____ Last Name _____

Date of Current Fiscal Year Inventory: Month _____ Day _____ Year _____

Program Enrolment Date: Month _____ Day _____ Year _____

Inventory	Current Fiscal Year	Previous Fiscal Year
<i>enter applicable years here >></i>		
Total number of animals in herd at BEGINNING of fiscal year, <i>this must be the same number as your ENDING inventory from previous submission</i>		
Total number of cervid natural increases , <i>since the previous submission</i>		
Total number of cervids incoming , <i>since the previous submission</i>		
Total number of cervids outgoing , <i>since the previous submission</i>		
Total number of cervid slaughters , <i>since the previous submission</i>		
Total number of cervid other deaths , <i>since the previous submission</i>		
Sub-Total	0	0
Other, <i>specify:</i>		
Other, <i>specify:</i>		
Total Inventory Reconciliation Summary , <i>this number must match your total on Form 6 and also your full inventory listing on Form 14</i>	0	0

Transportation Permits from CFIA or other authorized body	Current Fiscal Year	Previous Fiscal Year
<i>enter applicable years here >></i>		
Total number of cervids LEAVING as per transport permits		
Of total cervids recorded on transport permits as leaving, how many were completed		
Of total cervids recorded on transport permits as leaving, how many were uncompleted		
Total number of Exporting Transport Permits attached		
Total number of cervids ENTERING as per transport permits		
Of total cervids recorded on transport permits as entering, how many were completed		
Of total cervids recorded on transport permits as entering, how many were uncompleted		
Total number of Importing Transport Permits attached		

Laboratory Reports <i>for clarification refer to the Certification Standards, Section 4.2.7</i>	Current Fiscal Year	Previous Fiscal Year

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<i>enter applicable years here >></i>		
Total number of CWD Tests completed		
Of total CWD Tests, how many were diagnosed as CWD not detected		
Of total CWD Tests, how many were diagnosed as CWD not detected in secondary target tissue		
Of total CWD Tests, how many were diagnosed as unsuitable for testing		
Other CWD Test Results:		

Veterinary or Other Exemption Letters	Current Fiscal Year	Previous Fiscal Year
<i>enter applicable years here >></i>		
Total Number of Exemption Letters		
<i>Specify:</i>		
<i>Specify:</i>		
<i>Specify:</i>		
<i>Specify:</i>		

Cervid Farmer Signature _____

Cervid Farmer Printed Name _____

Dated this _____ day of _____, 20 ____

Accredited or Official Veterinarian Signature _____

Accredited or Official Veterinarian Printed Name _____

Dated this _____ day of _____, 20 ____