

FORM 2 - ANNUAL OWNER / FARM INFORMATION UPDATE
CWD VOLUNTARY HERD CERTIFICATION PROGRAM

Owner / Farm Information

In cases where the owners are not physically involved in the care and handling of the cervids, they may transfer the responsibilities of the program over to the herd manager. In such a case, please also complete *Form 3 - Transfer of Responsibilities to Herd Manager*

Farm Name _____

First Name _____ Last Name _____

Is the name shown here the owner? Yes / No (*circle one that applies*)

** If No, also complete and attach **Form 3 - Transfer of Responsibilities to Herd Manager***

Have there been significant changes to the cervid operations since the last program application?

Yes / No (*circle one that applies*)

If Yes, include an updated **Form 7 – Farm Site Plan and elaborate on changes on **Form 10 - Biosecurity Assessment***

Game Farm Licence Number _____

Civic Address _____

Mailing Address _____

City / Town _____

Province _____ Postal Code _____

Telephone () _____ Cell () _____

Fax () _____ E-Mail _____

3 Letter Farm Code _____

Farm Address

complete this section only if farm address is different from above

Civic Address _____

Mailing Address _____

City / Town _____

Province _____ Postal Code _____

Telephone () _____ Cell () _____

Fax () _____ E-Mail _____

Program Specifics

Date of initial herd inventory _____ Month / Day / Year

Date of this year's herd inventory _____ Month / Day / Year