

**FORM 2 - ANNUAL OWNER / FARM INFORMATION UPDATE
CHRONIC WASTING DISEASE 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 11 - Biosecurity Assessment***

Game Farm Licence Number (if applicable) _____

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 _____ (DD/MM/YYYY)
Date of this year's herd inventory _____ (DD/MM/YYYY)