

**FORM 3 - TRANSFER OF RESPONSIBILITIES TO HERD MANAGER  
CWD VOLUNTARY HERD CERTIFICATION PROGRAM**

**In cases where the owners are not physically involved in the care and handling of the cervids, they may transfer the responsibilities of the CWD Voluntary Herd Certification Program over to the herd manager. In such a case, please complete this form:**

**Owners Information**

Farm Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City / Town \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

*As owner for the above noted farm, I hereby transfer my farms responsibility regarding the CWD Voluntary Herd Certification Program over to our herd manager. Please accept this as confirmation to work with our manager in all capacities regarding our farms participation in this Program and accept his / her direction and signature as binding on our farm*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Witness as to signature of Cervid Farmer

\_\_\_\_\_  
Cervid Farmer Signature

**Herd Manager Information**

Farm Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City / Town \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_  
Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

*As herd manager for the above noted farm, I hereby accept responsibility regarding the CWD Voluntary Herd Certification Program for the above noted farm. I confirm my signature will be binding on the farm.*

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Herd Manager Signature

\_\_\_\_\_  
Witness to Herd Manager Signature