

**FORM 3 - TRANSFER OF RESPONSIBILITIES TO HERD MANAGER
CHRONIC WASTING DISEASE 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 Chronic Wasting Disease 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 Chronic Wasting Disease 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____

Cervid Farmer Signature

Witness as to signature of Cervid Farmer

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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 Chronic Wasting Disease 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 as to signature of Herd Manager