

**FORM 8C – OWNER/OPERATOR INVENTORY CONFIRMATION  
CHRONIC WASTING DISEASE HERD CERTIFICATION PROGRAM**

\_\_\_\_\_  
*(name of farm owner/operator)*

\_\_\_\_\_  
*(office telephone number)*

on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

confirms that:

- all cervids under 12 months of age are identified in a manner that enables the owner/cervid farm operator to track these cervids in the herd inventory, AND
- all cervids over 12 months of age were identified by two unique identification devices, one of which was an official tag. Where both national and provincial/territorial official identification requirements exist, the identification of the cervids complies with both requirements.

The records were checked and there was reconciliation of both official forms of ID tags for each cervid.

Signature:

\_\_\_\_\_  
Owner/Operator Signature as noted above

\_\_\_\_\_  
*(name of veterinarian or provincial/territorial HCP staff )*

\_\_\_\_\_  
*(office telephone number)*

on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

confirms that a reconciliation of the records was verified. The records were checked and there was reconciliation of the official forms of ID tags for each cervid.

on the farm of:

Farm Name \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Signature:

\_\_\_\_\_  
Veterinarian or HCP staff Signature as noted above