

**PENNSYLVANIA DEPARTMENT OF AGRICULTURE  
BUREAU OF ANIMAL HEALTH AND DIAGNOSTIC SERVICES**

**CHRONIC WASTING DISEASE**

**CERVID HERD MONITORING AND SURVEILLANCE PROGRAM**

\_\_\_\_\_(OWNER)

I desire to place my entire cervid herd under the supervision of the Bureau of Animal Health and Diagnostic Services, Pennsylvania Department of Agriculture (hereinafter referred to as "the Department", for the purpose of monitoring for chronic wasting disease (CWD).

It is understood and agreed that the above named department shall assist me in establishing and maintaining a monitoring program, under the provision of existing departmental regulations or polices, that minimizes the risk that my cervid herd is infected with CWD. In consideration of the assistance to be given by the Department, I hereby agree to the terms of this agreement and to fulfill the following requirements:

1. 1. Maintain an accurate herd inventory, to include a record of herd changes (additions and deletions). This shall be provided to the Department's regional Veterinarian at the onset of enrollment and annually thereafter.
2. 2. Submit brain tissue or whole head of any animal over 16 months\* of age that Dies, including slaughter, to an approved laboratory for CWD evaluation. As a minimum, the brain stem shall be examined histological and, if indicated, by immunohistochemistry. Exemptions can be made only with prior approval by the state veterinarian.
3. 3. Perimeter fencing shall be adequate to prevent ingress and egress of cervids. Generally the fencing required by the PA Game Commision for deer and elk propagators shall be deemed adequate.
4. 4. Herd status is based on the number of years of surveillance. Level A is less than two years; level B is two or more years, but less than four years; level C is four or more years, but less than six years; and level D is six years and above.
5. 5. Replacement animals shall be purchased from herds of equal or higher status\*\*.
  
6. 6. To maintain and care for my cervids under a clean and sanitary system of herd management and to follow reasonable suggestions and recommendations of the

Department.

7. 7. To identify all cervids in the herd with an official or other individual identification as approved by the Department.
8. 8. No claim will be made against the Pennsylvania Department of Agriculture or their agents for any unfavorable results or injuries to animals that may be caused by handling or testing of cervids as part of a monitoring program.

\* This age may change based on publication of national standards

\*\* During the first years of the program it may be difficult to find herds of equal or higher status, therefore, for the first year of enrollment animals may be purchased from any herd that does not have a history of CWD.

Name of herd veterinarian:

Dr. \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Owner's Address \_\_\_\_\_

\_\_\_\_\_

Address of Farm (If different than above) \_\_\_\_\_

\_\_\_\_\_

PGC PROPAGATOR'S NUMBER (If Applicable) \_\_\_\_\_

Owner's Telephone Number \_\_\_\_\_

Signed (Owner) \_\_\_\_\_ Date \_\_\_\_\_

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**Information can be faxed to 717-787-1868 for submission**