



State of Wisconsin
Governor Scott Walker

Department of Agriculture, Trade and Consumer Protection
Ben Brancel, Secretary

RE: WISCONSIN CHRONIC WASTING DISEASE HERD STATUS PROGRAM

Enclosed are the Wisconsin Chronic Wasting Disease Herd Status Program materials that you requested to be considered for enrollment in the CWD program. Please read the requirements carefully. Complete the Application form and record your entire current herd census (all ages). Return your Application and Herd Census to the Division of Animal Health. You also will need to have your herd veterinarian provide us with an initial signed and dated statement regarding your herd's health status as it pertains to Chronic Wasting Disease and they must conduct an initial physical inventory of your complete enrolled herd (template enclosed). Your veterinarian's statement must be submitted at the same time as the rest of your enrollment materials and dated within 30 days of your enrollment application. **You have 90 days from the date of your initial purchase to request CWD, TB & Brucellosis status of the original herd to be allowed to move. If you miss this deadline you will have to wait 5 years to be able to move live cervids from your premises.**

Also enclosed are copies of each of the yearly census forms and their respective continuation sheets. Please use these forms for your annual herd census and to resolve sales, purchases and deaths in your herd. You should duplicate as many of these forms as you will need; the Division only mails them once. These forms are also available on electronic file by contacting Karen Torvell at karen.torvell@wisconsin.gov or by calling 608-224-4896. **The rules for farm-raised deer owners are found in section ATCP 10.45 – 10.58.** Every deer owner is responsible for following these rules. If you are unable to print the rules from the DATCP website, ask Karen to send you a written copy. Once enrolled the owner will be given a CWD Program herd number to order flap ear tags from the manufacturer or an owner may request free USDA RFID button ear tags as long as our supply lasts.

Send all enrollment materials to:

DATCP
Division of Animal Health
P.O. Box 8911
Madison, WI 53708-8911
Attn: Karen Torvell

Any other questions regarding the Wisconsin Chronic Wasting Disease Herd Status Program should be directed to me at 608-224-4886.

Sincerely,

Richard Bourie, DVM
CWD Program Manager
Division of Animal Health

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Wisconsin Chronic Wasting Disease Herd Status Program

Background

Chronic Wasting Disease is a transmissible spongiform encephalopathy (TSE) found to affect animals in the family Cervidae. It is believed to be caused by an infectious prion or protein and has a long incubation period. There are currently no approved live animal tests for the disease. Diagnosis is through histo-pathology and immuno-chemistry; therefore, diagnosis requires the examination of brain and lymphoid tissue.

Chronic Wasting Disease Herd Status Program

The following requirements are for participation in the Wisconsin Chronic Wasting Disease Herd Status Program. The following requirements are applicable for all animals included in the family Cervidae.

Requirements for Chronic Wasting Disease Herd Status Program:

INITIAL ENROLLMENT

1. Herd owner must submit a written application (application to be provided by the Department) to the Division of Animal Health.

Enrollment date, for the purpose of determining herd status, shall be the date the program application is signed by the State Health Official.

If you would like to request the status date of your herd match that of the herd your animals were purchased from, you have 90 days from the date of first animal purchase to make that request in writing to the CWD Program Manager. If this request is not received or approved you must wait 5 years from date of enrollment to move live animals from your premises, except directly to slaughter.

2. The herd veterinarian must provide a herd health letter and conduct a complete herd physical inventory. Template provided by Department

FOR CONTINUED ENROLLMENT

1. Herd owner must submit an annual census report within 30 days of the enrollment anniversary date. The census shall consist of all animals in the herd and include the following:
 - a) One official identification and one unique individual identification for all animals 12 months of age and older.
 - b) Total number of male animals less than one year of age and total number of female animals less than one-year of age.
 - c) All animals' ages will be recorded by month and year of birth.
 - d) Sex of animal.
 - e) Date that the animal was added to the herd.

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- f) Purchased addition (if purchased within previous 12 months)
 - Name and address of herd of origin
 - Length of time in herd of origin
 - CWD status of herd of origin (number of years of surveillance)

 - g) Census must reconcile all discrepancies between current census submitted and previous year's census.
 - Name and address of purchaser for all sales
 - Farm raised deer registration number or game farm license number for all Wisconsin premises purchasing animals
 - Date of death and cause of death, if known
 - Laboratory to which appropriate samples were submitted
2. Appropriate samples, obtained by a certified veterinarian, employee of the Department or the Federal Bureau, shall be submitted to an approved laboratory from deaths that occur in all animals 12 months of age or older, regardless of the cause of death.
 3. Herd owner shall have his/her herd certified veterinarian conduct routine herd observations for the purpose of establishing a valid veterinarian/client/patient relationship. The owner shall notify a certified veterinarian of any animal, which may be exhibiting clinical signs consistent with Chronic Wasting Disease within 24 hours of observation.
 4. The herd owner shall have his/her herd veterinarian submit a written statement to the Division of Animal Health as to the health status of the herd. This statement shall be directed specifically to the herd's health status as it pertains to Chronic Wasting Disease, that no herd member has shown clinical signs consistent with CWD in the last 12 months. The herd health certification letter shall be submitted within 30 days of the enrollment anniversary date. The herd veterinarian letter shall also state that the veterinarian has established a valid veterinarian/client relationship with the herd owner and a valid veterinarian/patient relationship with the herd. The veterinarian must submit the herd health letter on the clinic or office letterhead, sign and date and submit to the Division of Animal Health.
 5. You must have your herd veterinarian conduct a complete herd physical inventory every 3 years from the date of your initial enrollment or at the time of your Tuberculosis re-accreditation. This form can be mailed to the Division of Animal Health at the time of your annual census or your Tuberculosis re-accreditation.
 6. You must maintain enrollment in the Wisconsin CWD Herd Status Program, in addition to all other applicable movement requirements in order to move live cervids in the state of Wisconsin.



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Department of Agriculture, Trade and Consumer Protection
Division of Animal Health
PO Box 8911
Madison, WI 53708-8911

Wisconsin Chronic Wasting Disease Herd Status Program-Application

A cervid herd owner who wishes to enroll in the Wisconsin Chronic Wasting Disease Herd Status Program must complete this application form. If additional space is needed, please provide the information on a separate sheet of paper and attach it to this form.

Owner Information (Please complete in ink.)

Herd Owner-Name:
Herd Owner-Street Address and Mailing Address (if applicable):
Herd Owner-City, State, Postal Code
Trade Names(s) and/or Business Name(s):
Phone Number and E-Mail (if available)
Co-Owner(s)-Name:
Co-Owner(s)-Street Address:
Co-Owner(s)- City, State, Postal Code
Phone Number and E-Mail (if available)
Custodian or Manager-Name: (if different than owner):
Custodian or Manager- Street Address
Custodian or Manager- City, State, Postal Code
Phone Number and E-Mail (if available)

Herd Information

Herd/Farm Name:
Herd Location-Street Address, Fire Number, County, Township, Section
Herd Location-City, Zip Code and GPS (if available)

