

STATE OF KANSAS
KANSAS ANIMAL HEALTH DEPARTMENT

George Teagarden, Livestock Commissioner

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www.kansas.gov/kaahd

APPLICATION FOR CHRONIC WASTING DISEASE PROGRAM

Name: _____

NAIS Premises Registration Number: _____

Contact Person: _____

Premise 911 Address: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone: _____ County: _____

Directions to premise: _____

Herd Inventory (attachment): _____

Herd History (attachment): _____

Program Anniversary Date: _____

Previous Monitoring Level (none through V): _____

Monitoring Level Requested: _____

Approved: _____ Not approved: _____

I certify that this herd inventory is a true and accurate accounting of the animals present on this premise on the Program Anniversary Date. The Herd History is a true and accurate account of the events affecting this herd in the past 36 months (12 months if this is application for renewal). Signs of Chronic Wasting Disease have not been observed in any susceptible species on this premise for over three years. CWD has not been diagnosed in this herd for more than five years.

Herd Owner

Date

Veterinarian

Date