

**STATE OF KANSAS**  
**KANSAS ANIMAL HEALTH DEPARTMENT**

**William L. Brown, Livestock Commissioner**

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[www.kansas.gov/kaahd](http://www.kansas.gov/kaahd)

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**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