

Cervid CWD Import Risk Assessment

Nebraska Department of Agriculture
Bureau of Animal Industry
P.O. Box 94787
Lincoln, NE 68809-4787
Phone: (402) 471-2351

For office use only:
Approved: Yes _____ No _____
Permit Number _____

Date: _____

Consignor Information:

Herd Name: _____
Owner Name: _____
Owner Address: _____
Phone: _____

Consignee Information:

Herd Name: _____
Owner Name: _____
Owner Address: _____
Phone: _____

1. Does your herd fall into any of the following categories;

- Located in a Canadian Province which has had a confirmed CWD-positive animal, or
- Located in an area that has been determined to be a CWD-endemic area in the United States, or
- Is under quarantine for any reason, or
- Has been determined to be exposed to CWD within the past sixty (60) months, or
- Has received cervids from any of the above within the last sixty (60) months.

If yes to any of the above, cervids are **not** eligible to be imported into Nebraska! **STOP!**

2. Has your herd participated for at least **sixty (60) months** (thirty-six (36) months for cervids going to a Nebraska cervid hunt pasture) in a state/province approved CWD-monitoring program?

If yes, give the name and phone number of the person in charge of your state/province CWD program.

If no, cervids are **not** eligible for importation. **STOP!**

3. Purpose of movement. Breeding Feeding Hunting Sale

4. Complete the enclosed form, "Cervid Herd Additions for the Past Five Years," List all cervids added to your herd in the past five years, except cervids born on your premises.

5. Does your state/province have mandatory or voluntary inventory reporting?

Mandatory Voluntary Neither

6. Complete the enclosed form, "Cervid Death Loss Report." List all loses in the past five (5) years.

7. Complete the enclosed form, "Cervid Inventory of Animals Requesting Shipment to Nebraska."

8. List names, addresses, and telephone numbers of all veterinarians who have done work for your cervid herd in the last five (5) years. Indicate current herd veterinarian.

If additional forms are needed, please copy the forms provided. **Do not** use any other format for reporting the information. Incomplete or illegible forms will be returned and delay the approval process.

The person signing this form guarantees all information is complete and correct to the best of his/her knowledge.

Consignor Signature
IMP14.doc (Revised 1/2007)

Date