



Michigan Department of Agriculture and Rural Development
Animal Industry Division
PO Box 30017, Lansing, MI 48909
(517) 284-5679

Cervid Disease Program Application

Facility Information

Facility Name: _____ Herd Number: _____

Farm's Physical Address: _____

City: _____ Zip Code: _____

County: _____ Email Address: _____

Business Phone: (_____) _____ Business Fax: (_____) _____

Species in the Herd (# of each) WTD ___ ELK ___ FALLOW ___ RED DEER ___ MUNTJAC ___

OTHER (list species if none of the above) _____

Owner Information

Owner's Name: _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (_____) _____ Cell Phone (_____) _____

Personal Email Address: _____

Disease Program Information (Please check all that apply)

I have read the requirements for and would like to enroll in the voluntary TB Accreditation program.

I would like to inherit the TB Accreditation status of the herd(s) I purchased my animals from.

Name and Registration Number of the herd(s) purchased from: _____

I have read the requirements for, and would like to enroll in the voluntary CWD HCP

I would like to inherit the CWD status of the herd(s) I purchased animals from

Name and Registration Number of the herd(s) purchased from: _____

Owner's Signature

Date