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| AH-TB-100.docx (rev 08/2017) | | | | | | | | | OFFICE USE ONLY | | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Animal Health  Lockbox 93178, Milwaukee, WI 53293-0178  Phone: (608) 224-4872 Fax (608) 224-4871 | | | | | | | | Date Received | | |  | |
| Amount  Received | | |  | |
| Check Number | | |  | |
| QUALIFIED AND ACCREDITED TUBERCULOSIS-FREE HERD STATUS APPLICATION FOR FARM-RAISED DEER  Issued under the provisions of section ATCP 10.49, Wis. Admin. Code and the Tuberculosis Uniform Methods and Rules. | | | | | | | | | | | | | |
| This application is used to apply for Qualified and Accredited Tuberculosis-Free herd status for farm-raised deer. For Qualified Tuberculosis-free herd status, all captive cervids in the herd, 12 months of age or older, and any animals under 12 months of age that are not natural additions, must be administered one official test for tuberculosis within a seven month period with results indicating no evidence of bovine tuberculosis. The qualified herd status remains in effect for 12 months following the qualifying test. For Accredited Tuberculosis-free herd status, all captive cervids in the herd, 12 months of age or older, and any animals under 12 months of age that are not natural additions, must pass two official tests for tuberculosis conducted at a 9 to 15 month interval with no evidence of bovine tuberculosis. To maintain status as an accredited herd, the herd must test negative to an official tuberculosis test within 33 to 39 months from the anniversary date of the second consecutive test with no evidence of tuberculosis disclosed (that is, the test on which the herd was recognized as accredited or the accrediting test). For herds applying for certified status based on the purchase of farm-raised deer **from a certified herd**, applicants must apply for status not later than 90 days after the applicant first acquires the farm-raised deer from the certified herd of purchase. **If the farm-raised deer are purchased from out of state, submit copies of the most recent tuberculosis tests along with this application.** The anniversary date of the purchased herd will be the same as the seller’s.  Every application for tuberculosis herd status shall include a nonrefundable fee of $50 for qualified status or $150 for three year accredited status. | | | | | | | | | | | | | |
| OWNER INFORMATION | | | | | | | | | | | | | | |
| NAME OF LEGAL ENTITY OR PERSON THAT OWNS HERD | | | | | BUSINESS NAME (if different) | | | | | | | | | |
| FIRST NAME OF CONTACT PERSON | | | | LAST NAME OF CONTACT PERSON | | | | | | PHONE NUMBER:  (    )     - | | | | |
| MAILING ADDRESS STREET | | | | | | CITY | | | | | STATE | | ZIP | |
| HERD INFORMATION | | | | | | | | | | | | | | |
| ADDRESS (if different than above) | | | | | | CITY | | | | | STATE | | ZIP | |
| COUNTY | | | LIVESTOCK PREMISES CODE | | | | | FARM RAISED DEER REGISTRATION NUMBER | | | | | | |
| LIST ALL ANIMAL SPECIES LOCATED ON PREMISES | | | | | | | | | | | | | | |
| QUALIFYING METHOD | | | | | | | | | | | | | | |
| Initial whole herd test for Qualified status | | | | | | | 2nd Whole herd test for 1st Accredited status | | | | | | | |
| Whole Herd Retest for Accredited Status  Current Accred. TB-Free Herd # | | | | | | | Purchased animals from an Accredited Tuberculosis-Free herd | | | | | | | |
| If herd is a purchased herd, provide seller’s name and address: | | | | | | | | | | | | | | |
| SELLER’S NAME | | MAILING ADDRESS STREET | | | | CITY | | | | | STATE | | ZIP | |
| VETERINARY INFORMATION | | | | | | | | | | | | | | |
| HERD VETERINARIAN’S NAME | | | | | HERD VETERINARY CLINIC’S NAME | | | | | | | | | |
| ADDRESS OF VETERINARY CLINIC | | | | | | CITY | | | | | STATE | | ZIP | |
| VETERINARIAN PHONE NUMBER  (    )     - | | | | | VETERINARY CLINIC PHONE NUMBER (if different)  (    )     - | | | | | | | | | |

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| --- | --- | --- |
| FEE | | |
| Qualified Status  $50.00 Fee | Accredited Status  $150 Fee for three year certification | |
| A copy of the whole herd Tuberculosis test results must accompany this application.  Please include with your application a check for applicable fee payable to: WDATCP – Division of Animal Health  Mail to Lockbox 93178, MILWAUKEE, WI 53293-0178 | | |
| Applicant Certification and Signature I certify that the above information is true, correct and complete, including all required attachments. I hereby agree to comply with all applicable requirements under the Tuberculosis Uniform Methods and Rules | | |
|  | |  |
| SIGNATURE OF APPLICANT | | DATE OF APPLICATION |

Personal information you provide may be used for purposes other than that for which it was originally collected – sec.15.04 (1)(m), Wis. Stats.

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