



**Wisconsin Department of Agriculture,
Trade and Consumer Protection**

Division of Animal Health
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OFFICE USE ONLY		
Signature of approval by Designated Brucellosis Epidemiologist		
Date Received	Amount Received	Check Number

CERTIFIED BRUCELLOSIS-FREE HERD STATUS APPLICATION FOR FARM-RAISED DEER

Issued under the provisions of section ATCP 10.51, Wis. Admin. Code and the Brucellosis Uniform Methods and Rules.

This application is used to apply for Certified Brucellosis-Free herd status for farm-raised deer. For initial certification, all sexually intact cervids in the herd, 6 months of age or older, must have two consecutive negative tests 9 to 15 months apart. The anniversary date will be the initial test sample date or, if herd status is based on purchased animals, the anniversary date will be the same as the seller's. For continuous certification, all test-eligible animals (sexually intact, 12 months of age or older) in the herd must have a negative test between 33 and 39 months of the previous anniversary date. 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 prior certified herd. **Every application for certification shall include a nonrefundable fee of \$150 for three year certification. A copy of the whole herd brucellosis test results must accompany this application.**

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	City	State	Zip Code
Herd Information			
Address (if different than above)		City	State Zip Code
County	Livestock Premises Code	Farm Raised Deer Registration Number	
Qualifying Method			
Two Complete Herd tests for Initial Certification <input type="checkbox"/>	Complete Herd Retest for Recertification <input type="checkbox"/> Current Cert. Brucellosis-Free Cervid Herd # _____	Purchased Animals from a Certified Brucellosis-Free Herd <input type="checkbox"/>	
If herd is a purchased herd, provide seller's name and address:			
Veterinary Information			
Herd Veterinarian's Name		Herd Veterinary Clinic's Name	
Address of Veterinary Clinic		City	State Zip Code
Veterinarian Phone Number () -		Veterinary Clinic Phone Number (if different) () -	
Fee			
<input type="checkbox"/> \$150 Fee for three year certification			
Please include with your application a check for \$150 payable to: WDATCP – Division of Animal Health and 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 Brucellosis Uniform Methods and Rules.			
Signature of Applicant		Date of Application	