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| AH-CD-600.docx 05/18 | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  PO Box 93178, Milwaukee, WI 53293-0178  Phone: (608) 224-4872 Fax (608) 224-4871 |
| FARM-RAISED DEER CWD TEST SAMPLE COLLECTOR APPLICATION  For Certified Veterinarians - *For period ending June 30, 2023* | |
| s. ATCP 10.52(4), Wis. Admin. Code | |

Once qualified for CWD testing, names will be placed on the list of Veterinarians qualified to take CWD test samples. This list will be available to the public.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICANT NAME | | | | | | COUNTY | | | |
| APPLICANT MAILING ADDRESS STREET | | | | CITY | | | | STATE | ZIP |
| APPLICANT TELEPHONE #:  (   )     - | APPLICANT CELL PHONE #  (   )     - | BUSINESS E-MAIL | | | | | | | |
| APPLICANT SIGNATURE: | | | WI LIC. NO. | | FED. ACCRED. NO. | | FED. ACCRED. CATEGORY  1 or 2 | | |

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| --- | --- | --- | --- | --- | --- |
| VETERINARIAN BUSINESS INFORMATION, if Applicable | | | | | |
| BUSINESS LEGAL NAME (CLINIC) | BUSINESS TELEPHONE #:  (   )     - | | COUNTY | | |
| BUSINESS STREET ADDRESS | | CITY | | STATE | ZIP |

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| --- |
| FEES |
| Please enclose a non-refundable fee of $50.  Pre-Paid online-- see instruction on reverse of form  Send check or money order payable to:  WI DATCP, to the address listed on the top of this form. |

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| BELOW TO BE FILLED OUT BY DISTRICT TRAINING VETERINARIAN | | | |
| COMPLETION OF  GENERAL TRAINING SESSION | LOCATION | | DATE |
| DISTRICT TRAINING  VETERINARIAN | NAME (PRINT) | SIGNATURE | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COMPLETION OF THE WET LAB DEMONSTRATION SESSION | LOCATION | | | | | | | DATE | | |
| SOURCE HERD OF FARM-RAISED DEER SAMPLED | | NAME ON FRDK REGISTRATION | | | COUNTY | | | | | |
| FARM-RAISED DEER SAMPLE PREMISES STREET ADDRESS | | | | CITY | | STATE | | | ZIP | |
| REFERRAL NUMBER ON VS 10-4 SUBMISSION FORM USED FOR TRAINING | | | | | | | PASS | | | FAIL |
| DISTRICT TRAINING VETERINARIAN NAME (PRINT) | | | DISTRICT TRAINING VETERINARIAN SIGNATURE | | | | | DATE | | |

|  |  |
| --- | --- |
| . AH-CD-600.docx 05/18 | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  PO Box 93178, Milwaukee, WI 53293-0178  Phone: (608) 224-4872 Fax (608) 224-4871 |

Instructions for Farm-Raised Deer CWD Test Sample Collector application   
for Certified Veterinarians

**Fill this form out and return it along with the non-refundable fee of $50.00** to Wisconsin Department of Agriculture Trade and Consumer Protection, PO Box 93178, Milwaukee, WI 53293-0178. Make check or money order payable to Wisconsin Department of Agriculture, Trade and Consumer Protection.

Once application and payment have been received, a department Field Veterinarian will be in contact with the applicant to set up and administer the training to become a qualified test sample collector.

Signature: The application must be signed by the applicant or it will not be processed.

ENCLOSE THE APPROPRIATE FEES (check or money order, payable to WI DATCP).

If you have any questions, contact the Division of Animal Health at 608-224-4872

**To Pay Online:**

* Go to: <https://datcpservices.wisconsin.gov/vetcatalog/index.jsp>
* Each sampler requesting certification will need to purchase one Farm-raised Deer CWD Test Sample Collector Application for Veterinarians, (CWDSAMPCOLDVM). Place number in box for quantity, check small box to the right and proceed to checkout.
* Fill in the appropriate information.
* Pay the $50 fee per sampler online

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