



State of ALABAMA
DEPARTMENT OF AGRICULTURE AND INDUSTRIES
State Veterinarian's Office



1445 Federal Drive • Montgomery, Alabama 36107-1123
(334) 240-7253 1-800-642-7761, Ext. 7253

Chronic Wasting Disease Animal Monitoring Program

Completed application includes:

___ Licensed Game Breeder Agreement

___ Licensed Game Breeder Information

___ Facility Information

___ Facility Census

___ Map/location of premises showing the perimeter fence and all interior fences, including streets/roads adjacent to premises.

___ Letter from the herd veterinarian (on veterinarian's letterhead) certifying that he or she has established a valid veterinarian-client relationship and a valid veterinarian-patient relationship. The veterinarian must also certify that no cervid at this facility has shown any signs or symptoms of chronic wasting disease in the past 12 months.

After completion of the application please return to the address listed above.



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RE: ALABAMA CHRONIC WASTING DISEASE MONITORING PROGRAM

Enclosed are the Alabama Chronic Wasting Disease Monitoring Program Materials that you will need to complete in order to be enrolled in the program. Please read the requirements carefully. Complete the Application for participation and record a complete current animal inventory. Return the Application to the Alabama Department of Agriculture and Industries, Office of the State Veterinarian. Please keep in mind that you will need to have your veterinarian provide us with an annual signed statement regarding herd health status as it pertains to Chronic Wasting Disease. This must be submitted at the same time as the rest of your enrollment materials.

Also enclosed is a copy of the Death Loss Report Form. Please use this form to record deaths and subsequent lab results and keep it in your files. Please duplicate as many copies of this form as needed. To record inventory, acquisitions, sales, transfers or escapes please use the Alabama Department of Conservation and Natural Resources, Division of Wildlife and Freshwater Fisheries electronic database.

Send all enrollment materials to:

Alabama Department of Agriculture and Industries
Office of the State Veterinarian
1445 Federal Drive
Montgomery, AL 36107

If there are any questions regarding the Alabama Chronic Wasting Disease Monitoring Program, please contact our office at: 334-240-7253.

Sincerely,

A handwritten signature in black ink, appearing to read "Tony Frazier".

Tony Frazier, DVM
Alabama State Veterinarian



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Alabama Chronic Wasting Disease Monitoring Program

Background

Chronic Wasting Disease is a transmissible spongiform encephalopathy (TSE) found to affect animals in the family Cervidae. It is believed to be caused by an infectious prion or protein and has a long incubation period. There are currently no approved live animal tests for the disease. Diagnosis is through histopathology, immunochemistry and enzyme-linked immunosorbent assay; therefore, diagnosis requires the examination of brain and lymphatic tissue.

Chronic Wasting Disease Monitoring Program

The following requirements are for participation in the Alabama Chronic Wasting Disease Monitoring Program. The following requirements are applicable for all animals included in the family Cervidae.

Requirements for Chronic Wasting Disease Monitoring Program

1. Licensed Game Breeders must submit a written application provided by the Alabama Department of Agriculture and Industries (ADAI) to the State Veterinarian.

Enrollment date, for the purpose of determining herd status, shall be the date the program application is signed by the State Veterinarian.

2. Maintain perimeter fencing adequate to prevent entrance or outlets of cervids.
3. Furnish ADAI the address, Global Positioning System (GPS) location of the premises, Premises ID number, as well as a map of the premises showing the perimeter fence and all interior fences. Also furnish to ADAI an updated map within 30 days when fences are added or removed.
4. Identify each cervid as specified by the Alabama State Department of Conservation and Natural Resources (ADCNR).
5. Record all death losses of cervids that die of any cause on the Death Loss Report Form to be kept in your files. Unless otherwise directed by the ADAI and the ADCNR, submit proper tissue samples for diagnostic purposes from cervids that die that are 12 months of age and older. These samples must be collected by an accredited veterinarian, the Alabama Department of Agriculture and Industries or



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ADCNR, and submitted to the State Diagnostic Laboratory. The Death Loss Report form must be kept for 5 years.

6. Records will be maintained that include each animal. This will include the Death Loss Report Form with laboratory necropsy reports on animals that die that are 12 months of age or older, as well as events such as co-mingling with free ranging cervids.
7. Annual examination of the animals for clinical signs of central nervous system disease or Chronic Wasting Disease will be performed by an accredited veterinarian.
8. Report to the ADCNR within 24 hours of discovery the escape of any cervid(s) from the facility.
9. Maintain a current animal inventory via the ADCNR electronic database which includes the following records on all cervids and provide access to the inventory by the ADAI. The inventory should also include information on management subunits that might be useful in assessing risk should a positive animal be diagnosed.
 - a. Official and visible identification as specified by ADCNR.
 - b. Sex, breed, age and date of birth for newborns.
 - c. Disposition of cervids-date and reason for removal from the herd
 - d. Date of entry and herd of origin of acquired cervids.
 - e. Name and address of the person from whom the animal was received.
 - f. Copies of laboratory reports of CWD submissions.
10. As requested by the ADAI, present all cervids for verification of inventory by an accredited veterinarian or a state or federal animal health official. This verification will include a cross check of all animal identifications with the previous year and current herd inventory as well as specific information on the disposition of all cervids not present.
11. Records will be accessible for review by state or federal animal health officials, upon request during reasonable hours.
12. All additions, other than through birth, shall come from other CWD Monitored Licensed Game Breeders of Alabama.



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CWD Monitored Licensed Game Breeder Agreement

I agree to the following requirements for the Chronic Wasting Disease Herd Monitoring Plan:

1. Samples will be submitted from each animal that dies, that is 12 months or older, in any facility, including culls for management purpose and CWD maintained in records. These samples must be submitted to an approved laboratory.
2. Each animal will be officially identified as specified by the ADCNR.
3. Animal records will be maintained that include each animal in the herd. This will include laboratory necropsy reports as well as events such as *co-mingling with free-ranging cervids.
4. Perimeter fencing, not to include secondary fencing, will be adequate to prevent *co-mingling with free-ranging cervids.
5. Annual examination of the animals for clinical signs of central nervous system disease or chronic wasting disease will be performed by an accredited veterinarian.
6. Records will be maintained of the acquisition, births, and disposition of all animals entering or leaving, including the date of acquisition or removal, name and address of the person from whom the animal was acquired or to whom it was disposed; and cause of death if the animal dies while in the facility.
7. Cervid inventory will be reported to the Alabama Department of Agriculture and Industries each year along with request for re-certification. The inventory will be reconciled with the previous inventory.
8. Records will be accessible for review by state or federal animal health officials, upon request, during reasonable hours.
9. All additions, other than natural additions, will come from other CWD Certified Licensed Game Breeders.

*Co-mingling – for the purposes of this program, co-mingling shall mean sharing common ground and feed and water sources

Facility Name: _____

Licensed Game Breeder Name: _____

Premises ID No.: _____

Date: _____

Signature: _____

(revised 1/2020)



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A Licensed Game Breeder enrolling in the Alabama Chronic Wasting Disease Monitoring Program must complete this application form. If additional space is needed, please provide the information on a separate sheet of paper and attach it to this form.

Licensed Game Breeder Information

Licensed Game Breeder Name:
Mailing Address:
City, State, Postal Code:
Trade Name(s) and/or Business Name(s):
Phone Number and E-mail (if available):
Associate(s) –Name:
Address:
City, State, Postal Code:
Phone Number and E-mail (if available):
Custodian or Manager –Name (if different):
Custodian or Manager- Address:
Custodian or Manager-City, State, Postal Code:
Phone Number and E-mail (if available):



State of Alabama
Department of Agriculture and Industries
Office of The State Veterinarian
Animal Industries Section

1445 Federal Drive • Montgomery, Alabama 36107-1123
 (334) 240-7255 1-800-642-7761, Ext 7255

Rick Pate
Commissioner

Facility Information

Primary/Breeder Facility Name:
Primary Facility Location-Street Address, County:
Primary Facility Location-City, Zip Code and GPS (if available)
Secondary Facility Name:
Secondary Facility Location-Street Address, County:
Secondary Facility Location-City, Zip Code and GPS (if available):
Hunting Enclosure:
Hunting Enclosure Location-Street Address, County:
Hunting Enclosure Location-City, Zip Code and GPS (if available):

I understand that my application is not complete until I submit a complete animal census and a letter from the veterinarian certifying that he or she has established a valid veterinarian-client relationship with me and a valid veterinarian-patient relationship. The Veterinarian must also certify that no cervid at any facility has shown any signs or symptoms of chronic wasting disease in the past 12 months. I also understand that the Department of Agriculture and Industries will not consider an application until it is complete.

I hereby certify that I have monitored the health of the animals and any records regarding chronic wasting disease or any other disease have been kept in accordance with ADAI rule 80-3-23 which became effective December 11, 2003.

I hereby agree to abide by the requirements as described in the Alabama Chronic Wasting Disease Monitoring Program.

 Licensed Game Breeder (License Holder) Signature Date:

 Herd Manager/Custodian Signature (if applicable) Date:

Approved By: _____ Date: _____
 Tony Frazier, DVM
 State Veterinarian



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Chronic Wasting Disease Monitoring Program
 Facility Census

Species	# of Males	# of Females	Total
Example: White Tailed Deer	10	13	23

Licensed Game Breeder

Death Loss Report Form

DEATHS FOR YEAR OF:			
NAME:		BUSINESS:	
ADDRESS:		SPECIES:	
CITY:	ZIP:	TOTAL NUMBER OF ANIMALS IN HERD:	
PHONE:		PREMISES NUMBER:	

#	OFFICIAL IDENTIFICATION	ANCILLARY IDENTIFICATION	SAMPLE SENT TO: (LIST LAB)	AGE	DATE OF DEATH:	SUSPECTED CAUSE OF DEATH:
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
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