



Chronic Wasting Disease (CWD) Annual Animal Inventory

Premises Name	Physical Location of Herd (descriptive or GPS)	Region	County
TAHC Number (PIN or LID, if assigned)	CWD Herd Number	Year	TPWD Facility ID
Owner Name	Owner Phone	Owner Address	Owner Email Address
Manager Name	Manager Phone	Manager Address	Manager Email Address
Change of Address/Phone Number			
Species	Date of Previous Inventory	Anniversary Date	Inventory Verification Date

Inventory (12 months or older)

Number Total Inventory	Number Incoming Transfers	Number Outgoing Transfers
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Eligible Mortalities (12 months or older)

Number "Not Detected" Test Results	Number Inconclusive Test Results	Number Not Tested	Total Number of Mortalities
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Certification

I have visually inspected this herd and certify that the herd complies with TAHC CWD Herd Certification Program standards as follows:

Yes	No	
		This annual inspection of a cervid breeding facility was conducted by a TAHC representative or a TAHC Authorized Veterinarian 11 to 13 months after the last inspection;
		The herd was visually observed for clinical signs of CWD;
		Records were reviewed for completeness and accuracy;
		The previous year's inventory was reconciled as well as all documented dispositions and acquisitions;
		One identification was visually verified on at least 50% of the animals;
		The herd owner's records were reviewed and reconciled with the overall head count; any discrepancies were documented and reported to the TAHC;
		The CWD sampling requirements were verified to have been met; any deficient, missed or poor-quality samples were documented and reported to the TAHC; and
		Perimeter fencing was inspected for minimum standards and needed repairs and was documented and reported to the TAHC.

Signature of Authorized and Accredited Veterinarian/TAHC or USDA Employee	Veterinarian Accreditation Number	Date
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