



Application for Advancement
Voluntary Scrapie Flock Certification Program (VSFCP)

Producer Information:

Date of Application: _____

Name of Flock/Herd: _____

Name of Flock/Herd Owner(s): _____

Full Civic Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Pathway: 1 2a 2b 3(Whole flock) 3(Ram only)

Level being applied for: E D C B A Certified

Anniversary Quarter: **Jan-Mar** **Apr-Jun** **Jul-Sep** **Oct-Dec**

Please ensure that you have included the following documents with your application:

For all Pathways:

- Program payment
- Annual flock inventory
- Supporting documents for changes in inventory
 - o Purchase receipts for all purchased animals
 - o VSFCP status information for purchased females or embryos
 - o Sales receipts, shipping invoices or abattoir/slaughter receipts for all departed animals, regardless of age
 - o Scrapie laboratory test results for all animals over 12-months of age having died or been killed on farm

*If reconciliation of inventories is not complete, clear, and signed by the accredited veterinarian,
the annual report will be rejected as incomplete.

Only for Pathway 2a (Third Eyelid, open to sheep only):

- Genotype results for all animals over 14 months of age
- 3rd eyelid test results for at least 50 QQ animals

Only for Pathway 2b (RAMALT Biopsy, open to sheep and goats):

- Genotype results for all animals over 12 months of age
- RAMALT Biopsy test results for at least 50 QQ animals

Only for Pathway 3 (Whole Flock and/or Rams Only, open to sheep only):

- Genotype results for all breeding stock purchased after the last inventory
- Genotype results for all newly added breeding rams
- Breeding records indicating all home-grown animals over 12 months of age entering the flock since the last inventory have at least one 171RR parent

Producer Consent: _____ (printed producer name), have read and understood the program requirements and producer responsibilities outlined in the '*Voluntary Scrapie Flock Certification National Standards*'. This includes an understanding of the consequences of a Scrapie positive animal being detected through this program and that producer information (name and program status) will be published.

Producer Signature: _____

Date: _____

Application for Advancement
Voluntary Scrapie Flock Certification Program (VSFCP)

Veterinarian Information:

Name of flock/herd being inspected: _____

Veterinary Clinic: _____

Veterinarian Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

How many VSFCP applications have you previously reviewed for this client? _____

Information regarding your accreditation with the Canadian Food Inspection Agency (CFIA):

CFIA district office where the Scrapie Flock Certification Program (VSFCP) course was taken:

Date of course: _____ CFIA accreditation renewal date: _____

Veterinarian Statement:

Having been accredited to deliver the Voluntary Scrapie Flock Certification Program (VSFCP) by the CFIA, I have entered into a business agreement with the producer named on this application to deliver the VSFCP on the premises referred to on page 1 of this application. I have:

- Inspected the flock/herd for clinical signs of scrapie.
- Reviewed the assembled annual report and am satisfied that the flock inventory is reconciled in accordance with the rules of Pathway ___ of the VSFCP.
Please give a brief description of the procedures that were used to establish the annual inventory (ex: identification of each animal by tag, technician read breeding stock tags, used flock records and verified x% identifiers, entire inventory based on flock records, etc)

Veterinarian Signature

Date