



Application for Enrollment  
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

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

For all Pathways:

- Description of premises, site plan of farm, buildings and pasture area
- Description 2 forms of individual animal identification used on your farm (type & age applied)
- Initial Flock Inventory (must be supervised and each page signed by an accredited veterinarian)
- Milk & Colostrum Verification form
- I have filled out and sent the Release of Confidential Information Form to the CFIA District Veterinarian.
- Where advanced enrolment status is requested, a signed letter by producer stating if the premises have been free of small ruminants for at least 10 years, whether it is unknown, or if there have been small ruminants within the last 10 years
- If requesting advanced status and it was unknown or there were small animals on the property for the last 10 years a letter will also need to be included from your accredited veterinarian stating that the cleaning and disinfection process was done in a satisfactory manner *prior* to stocking any animals on the property

\*If supporting documents are not complete, clear, and signed the application 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 animals
- Genotype results for breeding rams
- Breeding records indicating all breeding animals from an RR parent

**Please indicate which lab you have chosen to use for submitting brain samples for Scrapie testing:**

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**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:** \_\_\_\_\_

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**Veterinarian Information:**

Name of flock/herd being inspected: \_\_\_\_\_

Veterinary Clinic: \_\_\_\_\_

Veterinarian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**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:

- Reviewed the rules of pathway with this producer and feel that management is appropriate to enable them to comply with the applicable rules.
- Inspected the flock/herd for clinical signs of scrapie.
- Verify that all males subject to separation from females and lambs are being housed according to Section 4.7 of the National Standards.
- Have reviewed all necessary documentation submitted with this application and have determined this application to be appropriate and complete.

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**Veterinarian Signature**

\_\_\_\_\_  
**Date**