

Dear Producer and District Veterinarian,

As part of applying to the Scrapie Flock Certification Program, Scrapie Canada must determine that all participating farms are not subject to any quarantines or associated restrictions pertaining to scrapie imposed by the Canadian Food Inspection Agency (CFIA). In order to do this, Scrapie Canada must have permission of the farm owner to retain this confidential information from the CFIA.

Scrapie Canada is asking each participating producer to cooperate in this process by signing the **Release of Confidential Information** (first paragraph on page two), consenting that the CFIA release this information to Scrapie Canada. Producers must send the signed letter to their local CFIA District Office, attention to the CFIA District Veterinarian.

Scrapie Canada is also asking the District Veterinarian to sign and date the **Letter of Confirmation** (second paragraph on page two), confirming that the property is not subject to any quarantines or associated restrictions pertaining to scrapie imposed by the CFIA. The CFIA District Veterinarian must return this letter to the producer and the producer then must deliver it to Scrapie Canada by fax or mail.

If you have any questions or concerns regarding this matter, please contact the National Scrapie Coordinator at 1-866-534-1302 or by e-mail at admin@scrapiecanada.ca.

Scrapie Canada appreciates your cooperation with this matter and thanks you for your involvement in the program.

Regards.

Status Assessor, Scrapie Flock Certification Program Scrapie Canada – Canadian Sheep Federation PO Box 10 Williamsburg, ON K0C 2H0

Phone: 1-866-534-1302 Local: 613-652-1824 Fax: 613-652-1599

E-mail: admin@scrapiecanada.ca

www.scrapiecanada.ca



RELEASE OF CONFIDENTIAL INFORMATION- For Producer

	Name of Producer) authorize the Canadian Food apie Canada any and all information regarding any pertaining to scrapie imposed on my premises or
Farm Name	
Premises Identification Number	
Date	
Signature	_
LETTER OF CONFIRMATION- For CFIA District Veterinarian	
premises or animals owned and oper	(Name of District Veterinarian) confirm that the ated by (Name ibjected to any regulatory restrictions pertaining to
Date	
Signature	