



Application for Advancement  
Scrapie Flock Certification Program (SFCP)

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

**Level being applied for:**      E      D      C      B      A      Certified      Certified Plus

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

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

- Program payment
- Milk & Colostrum Verification form
- Annual flock inventory
- Supporting documents to accompany inventory report:
  - o Purchase receipts for all purchased animals
  - o SFCP 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
  - o If required, genotype and/or live animal test lab results.

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

**Producer Consent:** \_\_\_\_\_ (printed producer name), have read and understood the program requirements and producer responsibilities outlined in the '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.

- I confirm that all small ruminants exhibiting illness lasting greater than 2 weeks have been reported to my veterinarian.
- I confirm that no small ruminants exhibiting illness lasting greater than 2 weeks have been disposed of without first being attended to by my accredited veterinarian.

\_\_\_\_\_  
**Producer Signature**

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

Application for Advancement  
Scrapie Flock Certification Program (SFCP)

**Veterinarian Information:**

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

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

Veterinary Clinic or District Office (for CFIA Vets only): \_\_\_\_\_

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

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

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

How many SFCP 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 (SFCP) course was taken:

\_\_\_\_\_

Date of course: \_\_\_\_\_ CFIA accreditation renewal date: \_\_\_\_\_

**Veterinarian Statement:**

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

- Inspected the flock/herd for clinical signs of scrapie.
- Verified that all males subject to separation from females and lambs are being housed according to Section 4.7 of the National Standards.
- Reviewed the assembled annual report and am satisfied that the flock inventory is reconciled in accordance with the rules of the SFCP.
- Followed up on all small ruminant illnesses reported to me, lasting greater than two weeks.

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 identifiers, entire inventory based on flock records, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Veterinarian Signature**

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