



Application for Enrollment  
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

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

\_\_\_\_\_

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

- 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.*

**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.

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

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

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

**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:

- Reviewed the program rules 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.
- Verified 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**