



Application for Temporary 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: Temporary Enrollment

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

- Description of premises, site plan of farm, buildings and pasture area
- I have filled out and sent the Release of Confidential Information Form to the CFIA District Veterinarian.
- I understand if I obtain Temporary Enrollment and do not complete the requirements for full enrollment in the SFCP, I will not be permitted to re-enrol in the SFCP for a period of three years from the date of my acceptance for Temporary Enrollment
- 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:

- Verified there are currently no small ruminants on the property.
- Reviewed the rules of the program with this producer and feel that management is appropriate to enable them to comply with the applicable rules.
- Have reviewed all necessary documentation submitted with this application and have determined this application to be appropriate and complete.

Veterinarian Signature

Date