INDIANA STATE BOARD OF ANIMAL HEALTH

Michael R. Pence, Governor
Bret D. Marsh, DVM, State Veterinarian

Office of the State Veterinarian
Discovery Hall, Suite 100
1202 East 38th Street
Indianapolis, IN 46205-2898
Phone: 317/544-2400

Certified CWD Collector Application

Name of Applicant: _____

Mailing address: _____

_____
(city) (state) (zip code)

Phone number(s): _____
(include area code) (home) (cell) (work)

E-mail address: _____

Date of training: _____

Certification statement: I have received hands-on training in how to collect samples for CWD testing from captive cervidae. I have been provided with contact information for the Indiana State Board of Animal Health as well as information about safe handling, submission, and signs of neurologic disease such as rabies. I will not collect samples from any animal showing signs of neurologic disease. Instead, I will report suspicious animals to BOAH. I understand I must follow the protocol provided for sampling collection and submission or risk losing certification.

Signature of applicant: _____ Date: _____

Name of trainer: _____

Signature of trainer: _____ Date: _____

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