

Application for CWD Susceptibility Genomics Testing of WTD

New York State Department of Agriculture and Markets

Division of Animal Industry

Part 1 – Agreement and Herd Information

Owner name: _____

Business name: _____

Herd number (CWD certified herds only, WTD only): _____

Please acknowledge all of the terms by initialing each and signing below.

_____ I authorize the North American Deer Registry (NADR) to share anonymized, aggregated Genomic Estimated Breeding Values (GEBV) data with NYAGM for the purpose of monitoring CWD susceptibility in the larger population of farm-raised deer within the state.

_____ I authorize NADR to release data to NYSAGM for the purpose of ensuring financial accountability in the use of grant funds.

_____ I understand NYSAGM will provide payment directly to NADR for the genomic testing costs for an approved number of tests. Any additional testing conducted will be at my own expense.

_____ I will ensure the samples are collected from animals within my herd which are identified with ID. I will accurately record each ID on the Animal ID list to confirm the identification of the participating animals and verify that the ID corresponds to the samples submitted.

_____ I understand sample collection equipment, tagging, tranquilization, any veterinary costs and shipping are my responsibility.

_____ I agree to use the results of the genetic testing to make management decisions for my herd.

Owner's printed name

Herd number

Requested number of tests

Owner's signature

Date

If you are a member of a NADR-partner organization and would like parentage testing run on your samples, check this box. Please contact NADR for further details.

All samples must be submitted to NADR by Friday September 13, 2024 or the fee will not be paid for by NYSAGM. Additional applications can be downloaded from <https://agriculture.ny.gov/animals/deer-elk-other-cervids>.

Please return completed application to: NYS Department of Agriculture and Markets, Division of Animal Industry – Animal Disease Unit, 10B Airline Drive, Albany, NY 12235; Email: cervidfarm@agriculture.ny.gov; Fax: 518-485-0839 (or 518-485-7773 as back-up). Questions – call 518-457-3502. Failure to complete this application correctly can result in delays or failure to process or approve the permit. Please allow at least five full business days for shipments within New York and additional time for interstate movements.

For Office Use Only:

Approval signature _____ Date _____ Number of samples approved _____