

# IDAHO DOMESTIC CERVIDAE IMPORT APPLICATION

Idaho State Department of Agriculture  
Division of Animal Industries  
2270 Old Penitentiary Road  
PO Box 7249  
Boise, Idaho 83707-9985  
(208) 332-8571

<b>For office use only:</b>
Approved: Yes _____ No _____
ID Permit Number: _____

All importation of domestic cervidae requires pre-approval by the ISDA Division of Animal Industries and animals may only go to facilities approved by the Administrator. Domestic Cervidae is defined by IDAPA 02.04.21, Rules Governing the Importation of Animals, as “elk, fallow deer and reindeer that are owned by a person.”

Date: \_\_\_\_\_

### Consignor Information:

Facility/Ranch Name: \_\_\_\_\_ Farm ID # (if applicable): \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Origin Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Consignee Information:

Facility/Ranch Name: \_\_\_\_\_ Farm ID # (if applicable): \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Destination Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

1. Please indicate whether the consigning herd falls under any of the following categories:

- Located within an area in a state or province which has been determined to be a CWD endemic area, or
- Has been determined to be a CWD exposed herd or part of a CWD Trace herd within the previous sixty (60) months, or
- Is under Quarantine or Hold Order for any reason, or
- Has received cervids from a herd which has been classified under any of the above during the preceding sixty (60) months.

Yes. Please provide a description of the occurrence/incident.

No, the consigning herd does not fall under any of the above criteria.

- Distance (in miles) to nearest captive CWD positive? \_\_\_\_\_ (to be completed by governing agency)
- Distance (in miles) to nearest wild CWD positive? \_\_\_\_\_ (to be completed by governing agency)

Applicant/Consignor Initials \_\_\_\_\_

Governing Official Initials \_\_\_\_\_

2. Has the consigning herd participated in a state/province approved CWD monitoring program for at least the past sixty (60) months? In addition, is the consigning herd actively participating in a National CWD Herd Certification Program (HCP) and in good standing, with a CWD “**CERTIFIED**” Status?

If yes, please list the governing agency, as well as, the name and contact information for the person in charge of your state/province’s CWD HCP.

\_\_\_\_\_

\_\_\_\_\_

If no, **STOP!** These cervids are not eligible for import into Idaho.

3. Please indicate the date of enrollment in a CWD monitoring program. \_\_\_\_\_

4. Have the consigning herd or any source herds been subjected to any Non-Compliance actions or Epidemiological Investigations during the preceding sixty (60) months? [*Note: Full disclosure is required. Failure to disclose will result in denial of this application and potentially any future import applications. Also, for source herds, consider only incidences which transpired during the sixty (60) months prior to acquisition.*]

If yes, please include an attachment documenting the specifics of all incidences.

No, the consigning herd has not, nor have any source herds, been subject to Non-Compliance actions or Epidemiological Investigations during the previous sixty (60) months.

5. During the preceding sixty (60) months, have the consigning herd or any source herds had occurrences of domestic cervidae escape or wildlife ingress? [*Note: For source herds, consider only occurrences which transpired during the sixty (60) months prior to acquisition.*]

If yes, please include an attachment documenting the specifics and result of all incidences.

No, neither the consigning herd, nor any source herds have had occurrences of escape or wildlife ingress.

6. Is CWD testing mandatory for all captive/domestic cervid deaths in the consignor’s state/province?

Yes

No

7. Has the consigning herd or any source herds been exposed to or found to be infected with *P. tenuis* (Meningeal Worm) or originated from a premises where *P. tenuis* has been identified?

No, *P. tenuis* has not infected or been identified in the consigning herd, nor any source herds.

Yes

8. Is the consigning herd a USDA Tuberculosis (TB) Accredited Herd?

Yes (USDA Tuberculosis Accreditation Herd ID #: \_\_\_\_\_)

(*Note: If the consigning herd is TB Accredited, a copy of the USDA TB Accreditation Certificate must be included with attached herd records*)

No, the consigning herd is not a USDA TB Accredited Herd.

Date of consigning herd’s last TB test: \_\_\_\_\_.

Was this a whole herd TB test?

Yes

No (*Please Clarify*): \_\_\_\_\_

Applicant/Consignor Initials \_\_\_\_\_

Governing Official Initials \_\_\_\_\_

9. Does the consigning herd hold a USDA Brucellosis Certified status?

Yes (USDA Brucellosis Certification Herd ID # \_\_\_\_\_)

(Note: If the consigning herd is Brucellosis Certified, a copy of the USDA Brucellosis Certification must be included with attached herd records)

No, the consigning herd is not a USDA Brucellosis Certified herd.

10. Does your state/province have a Red Deer Genetic Factor (RDGF) prevention or certification program?

Yes [If yes, does the consigning herd hold a Pure Herd Status? (circle one) **YES/ NO**]

No

11. Please indicate the consigning herd's current total herd size. \_\_\_\_\_

12. Please list all types of cervidae held on the consigning herd premises.

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

13. Does the consignor's state/province require mandatory inventory reporting?

Yes Date of last inventory audit/inspection: \_\_\_\_\_

No

14. Consigning herd's current veterinarian name, clinic name, address, and telephone number(s).

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

15. Please submit the following detailed herd records for the consigning herd for the preceding sixty (60) months. Also, if the consigning herd has acquired animals from any other herd during the preceding sixty (60) months, the source herd's records for sixty (60) months prior to acquisition by the consigning herd must also be submitted for approval.

Herd Records shall include:

- Herd names and owner names, ID number if applicable and facility location;
- Current herd size and all types of cervidae located at the facility;
- Date of enrollment in a CWD monitoring program;
- Statement indicating herd participation in the National CWD Herd Certification Program and declaration of herd CWD "**Certified**" Status;
- Declaration signifying the herd is not located within a CWD endemic area;
- Death history including CWD test results and cause for death during the preceding sixty (60) months;
- Herd imports or introductions (other than natural additions) during the preceding sixty (60) months;
- If animals have been acquired during the preceding sixty (60) months, the source herd(s) records for sixty (60) months prior to acquisition shall also be made available;
- A disclosure statement indicating any non-compliances, CWD exposure, epidemiological investigations, and occurrences such as escapes or wildlife ingresses that have occurred during the preceding sixty (60) months;
- TB and Brucellosis testing information for the preceding sixty (60) months and authentication of any USDA TB Accreditation or Brucellosis Certification;
- Indication of whether the state/province of origin has a Red Deer Genetic Factor (RDGF) prevention or certification program. If so, a statement regarding the origin herd's compliance within the herd purity program and confirmation of Pure Herd Status.

Applicant/Consignor Initials \_\_\_\_\_

Governing Official Initials \_\_\_\_\_

***All herd records and attachments must be authenticated and validated by the origin state or province's governing agency. Failure to submit complete and accurate records will result in the denial of this and potentially any future Idaho Domestic Cervidae Import Applications.***

Please return completed application and herd records to the ISDA Division of Animal Industries by email to [emily.courter@isda.idaho.gov](mailto:emily.courter@isda.idaho.gov) or fax to (208) 334-4062 Attn: Emily Courter. Incomplete or illegible forms will be returned. For additional information or if you have any questions, please contact Emily Courter by phone at (208) 332-8544 or by email at [emily.courter@isda.idaho.gov](mailto:emily.courter@isda.idaho.gov).

As the owner and applicant applying to import domestic cervids into Idaho, I certify that my animals have not been exposed to or on the same premises as any cervid that has been classified as CWD infected or exposed and have not resided in an area determined to be CWD endemic. I certify that all information provided is complete and accurate to the best of my knowledge and I acknowledge that any false information or misrepresentation will result in the denial of this import application and potentially any future Idaho domestic cervidae import applications. I also understand that falsification may result in legal action being taken.

\_\_\_\_\_  
Applicant/Consignor Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Applicant/Consignor Signature

\_\_\_\_\_  
Date

As the governing official in charge of overseeing Captive/Domestic Cervidae operations in the state/province of \_\_\_\_\_, I certify that all information provided herein is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Governing Official Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Governing Official Signature

\_\_\_\_\_  
Date