

**PROTOCOL REGARDING IMPORT INTO QUÉBEC OF CERVIDS
FROM OTHER PROVINCES OR COUNTRIES**

GOAL

The goal of this protocol is to ensure a reasonable degree of protection from the risk of introducing chronic wasting disease (CWD) into Québec. It describes the requirements in effect in Québec for the import of cervids from other provinces or countries.

CERVIDS FROM AREAS THAT ARE NOT A CWD FREE ZONE* ARE NOT ELIGIBLE FOR IMPORTATION IN QUEBEC.

* Free zone – a geographic area where CWD does not exist.

ELIGIBILITY REQUIREMENTS

1. The Chief Veterinarian or other competent authority from the province or country of origin of the cervids is mandated to attest that the cervids to be imported into Québec are CWD-free.
2. If this is not possible, the Chief Veterinarian or other competent authority from the province or country of origin of the cervids must attest that
 - A. the herd of origin¹ is enrolled in a CWD certification program and has "Certified" status or the equivalent.²
 - B. the herd of origin and all the cervids it comprises³ are not suspected of having CWD and have no epidemiological link to the disease. Among other requirements, they must always have been kept at a site located more than 40 km from any site at which a case of CWD was diagnosed in farmed or wild cervids.

PROCEDURES

REQUEST FOR AUTHORIZATION TO IMPORT FOR: FARMING, ENCLOSED HUNTING AND ZOO

Note: The name and contact information of the people to reach must be clearly indicated in each of the schedules.

1. The buyer from Québec must sign and complete a letter of commitment and a request for authorization to import.
 - REQUEST FOR AUTHORIZATION TO IMPORT CERVIDS INTO QUÉBEC (Schedule 1)
 - LETTER OF COMMITMENT (Schedule 2)
2. A health certificate signed by the province's Chief Veterinarian or the equivalent is required for the import of cervids into Québec for farming, enclosed hunting or for placement in a zoo.

The HEALTH CERTIFICATE (Schedule 7) is the document attesting that all the requirements of the protocol have been met. It is contingent on the presentation of documents that the owner-buyer, the CFIA or an equivalent authority⁴ have completed and submitted to the Chief Veterinarian (Schedule 8).

 - TRANSPORTATION AUTHORIZATION PERMIT ISSUED BY THE CFIA
 - ATTESTATION OF ENROLLMENT IN A CWD DISEASE CERTIFICATION PROGRAM AND SPECIFYING THE STATUS, OR EQUIVALENT²
 - LETTER OF COMMITMENT OF THE OWNER-VENDOR (Schedule 4)
 - LIST of ANIMALS INTRODUCED INTO THE HERD IN THE PAST 60 MONTHS (Schedule 5)
 - STATEMENT BY THE CFIA OR AN EQUIVALENT AUTHORITY⁴ (Schedule 6)

REQUEST FOR AUTHORIZATION TO IMPORT FOR SLAUGHTER

1. A health certificate is not required for cervids transported to Québec for slaughter and which will not come into contact with farmed or wild cervids. However, it is still mandatory to obtain authorization to import. The buyer in Québec must therefore complete and sign a request for authorization to import and a letter of commitment, and provide the transportation authorization permit issued by the CFIA.

- REQUEST FOR AUTHORIZATION TO IMPORT CERVIDS INTO QUÉBEC (Schedule 1)
- LETTER OF COMMITMENT OF THE BUYER (Schedule 3)
- TRANSPORTATION AUTHORIZATION PERMIT ISSUED BY THE CFIA

During the pandemic period, all required documents and appendices should be scanned and sent by email to the following address:

roxann.hart@mapaq.gouv.qc.ca

Note: Given the evolution of the knowledge on which the rules governing the management and import of cervids into Québec is based, this protocol may be amended without notice.

FOOTNOTES

- ¹ "Herd of origin" refers to the herd from which cervids to be imported to Québec originate.
- ² "Certified" status equivalents under the Programme québécois de certification relatif à la maladie débilitante chronique des cervids (MDC)*:
 - A. The herd is kept in paddocks designed so that farmed cervids cannot escape and wild cervids cannot enter;
 - B. The herd has been enrolled in a CWD certification or mandatory surveillance program for at least six years;
 - C. The herd of origin must be inventoried annually by a person qualified to do so⁵ the year in which the herd was enrolled in the program, and the next two years and every three years thereafter;
 - D. For the first three years of participation in the program, 100% of the *obex* of cervids age 12 months and over that die on the farm must be submitted for analysis. The number of *obex* submitted for analysis thereafter must be equivalent to 80% of cervids age 12 months and over that die on the farm and at least 10% of all the cervids in the herd over 12 months old;
 - E. If cervids were introduced into the herd of origin¹ in the past 60 months, at the time of introduction the preceding herd⁶ must have had at least the same status as the herd of origin.
 - * The French version of the certification program in effect in Québec is available at www.mapaq.gouv.qc.ca/mdc.
- ³ "Cervids that comprise it" refers to all cervids born into the herd and all cervids introduced into the herd in the past five years.
- ⁴ "Authority equivalent to the CFIA" refers to the health authority to whom a positive case of CWD must be reported.
- ⁵ "Qualified person" refers to a veterinary practitioner responsible for monitoring the herd or that person's representative, a veterinary practitioner or inspector working for the CFIA, or that person's equivalent.
- ⁶ "Preceding herd" refers to the herd from which the cervids introduced into the herd of origin¹ in the past 60 months originated.

REQUEST FOR AUTHORIZATION TO IMPORT CERVIDS INTO QUÉBEC

Dr. Nathalie Canac-Marquis, Director
Direction de la santé animale
Ministère de l'Agriculture, des Pêcheries et de
l'Alimentation 200, chemin Sainte-Foy, 11^e étage
Québec (Québec) G1R 4X6
Fax: 418 380-2169

Doctor,

I, the undersigned _____
Corporate name: _____
Address: _____
Postal code: _____ Phone: _____ Fax: _____

hereby request authorization to import into Québec _____ from:
Number and species

Name of owner: _____
Corporate name: _____
Address: _____
Postal code: _____ Phone: _____ Fax: _____
Herd address: _____ Postal code: _____

for the following purpose:

FARMING ENCLOSED HUNTING ZOO SLAUGHTER

OTHER: _____

In accordance with the requirements of the protocol, I have also enclosed the Letter of Commitment (Schedule 2 or 3).

Signature of the owner buyer

Date

**LETTER OF COMMITMENT OF THE BUYER
FOR THE FOLLOWING PURPOSE:
FARMING, ENCLOSED HUNTING AND ZOO**

I, the undersigned _____

Corporate name: _____

Address: _____

Postal code: _____ Phone: _____ Fax: _____

agree to transport the cervids or have them transported within 30 days of the date of issuance of the health certificate and assume that the violation of any term or condition of the protocol may result in the return of all cervids imported pursuant to the present authorization to the place of origin and the quarantining of the herd, at my cost.

Signature of owner-buyer

Date

**LETTER OF COMMITMENT OF THE BUYER OF CERVIDS FOR SLAUGHTER
IN A SLAUGHTERHOUSE IN QUÉBEC**

I, the undersigned _____

Corporate name: _____

Address: _____

Postal code: _____ Phone: _____ Fax: _____

agree to transport the cervids directly to the slaughterhouse within 30 days of the date of issuance of the transportation authorization permit issued by the CFIA and have all the cervids slaughtered within hours of their arrival at the slaughterhouse,

and assume that the violation of any term or condition of the protocol may result in the return of all cervids imported pursuant to the present authorization to the place of origin and the quarantining of the herd, at my cost.

Signature of the owner-buyer

Date

STATEMENT OF THE OWNER-VENDOR

I, the undersigned, _____

Corporate name: _____

Address: _____

Postal code: _____ Phone: _____ Fax: _____

Herd address: _____ Postal code: _____

attest that:

my herd has been enrolled in a CWD certification program: YES NO

my herd is enrolled in a mandatory CWD surveillance program: YES NO

Name of certification program: _____

Year of enrollment: _____ Status obtained: _____

Program manager: _____ Phone: _____
(Name of contact)

(Address)

Name of mandatory surveillance program: _____

Year of enrollment: _____ Status obtained: _____

Program manager: _____ Phone: _____
(Name of contact)

(Address)

In accordance with the requirements of the protocol, I have enclosed a copy of the attestation of the herd's enrollment in a CWD certification program specifying the status obtained, or an equivalent,

and I recognize my liability for any financial loss arising from misrepresentation of the knowledge of histories or previous contacts with CWD.

Signature of the owner-vendor

Date

LIST* OF THE ANIMALS INTRODUCED INTO THE HERD IN THE PAST 60 MONTHS:

Name of owner and corporate name

Species	Official H of A tag	Second ear tag	Age	Sex	Date of the entry in the herd	Origin (name and corporate name of the owner of the preceding herd)

*This list must be submitted to the CFIA's veterinary practitioner or a health authority to whom positive cases of CWD must be reported.

**DOCUMENT TO COMPLETE BY THE CANADIAN FOOD INSPECTION AGENCY (CFIA)
OR THE HEALTH AUTHORITY TO WHOM POSITIVE CASES OF CWD MUST BE REPORTED**

I, the undersigned, _____

Title: _____

Address: _____

Postal code: _____ Phone: _____ Fax: _____

certify that the herd of

Name of owner: _____

Corporate name: _____

Address: _____

Postal code: _____ Phone: _____ Fax: _____

Herd address: _____ Postal code: _____

is not suspected of carrying CWD and is located more than 40 kilometers from any site (including any bordering areas) at which cases of CWD have been diagnosed in farmed or wild cervids,

that the cervids on the *LIST OF ANIMALS INTRODUCED INTO THE HERD IN THE PAST 60 MONTHS* (Schedule 5) come from a herd located more than 40 km from any site (including bordering areas) at which cases of CWD have been diagnosed in farmed or wild cervids,

and that none of these herds has had an epidemiological link with a case of CWD.

Signature

Date

Comments:

HEALTH CERTIFICATE
PURSUANT TO THE ANIMAL HEALTH PROTECTION ACT (C. P-42)

I, the undersigned, _____

Title: _____

Address: _____

Postal code: _____ Phone: _____ Fax: _____

as Chief Veterinarian or the Chief Veterinarian's representative

certify that the _____ described in the CFIA transportation authorization permit: _____
Number Species Permit number permis

come from the herd of origin of:

Name of owner: _____

Corporate name: _____

Address: _____

Postal code: _____ Phone: _____ Fax: _____

Herd address: _____ Postal code: _____

and attest that

the cervids are CWD-free.

Or

the herd of origin¹ has been enrolled in a CWD certification program and has obtained "Certified" status or the equivalent.²

And

that the herd of origin and all the cervids that comprise it³ are not suspected of having CWD and have never had an epidemiological link to the disease. They have always been located at a site more than 40 km from any site at which cases of CWD have been diagnosed in farmed or wild cervids.

Signature

Date

Other comments:

**LIST OF CHIEF VETERINARIANS IN CANADIAN PROVINCES AND TERRITORIES
OR THEIR SUBSTITUTES**

ALBERTA

Dr Keith Lehman
Agriculture and Rural Development
O.S. Longman Building
6909 116th Street
Edmonton (Alberta) T6H 4P2
☎ 780 415-6406
☎ 780 415-0810
✉ keith.lehman@gov.ab.ca

BRITISH COLUMBIA

Dr Jane Pritchard
Animal Health Centre 1767 Angus
Campbell Road Abbotsford,
British Columbia V3G 2M3
☎ 604 556-3013
☎ 604 556-3015
✉ jane.pritchard@gov.bc.ca

PRINCE EDWARD ISLAND

Carolyn SAnford
P. O Box 2000
Charlottetown, Prince Edward Island C1A 7N8
☎ 902 368-4964
☎ 902 620-3354
✉ cjsanford@gov.pe.ca

MANITOBA

Dr. Megan Bergman
545 University Crescent Winnipeg,
Manitoba R3T 5S6
☎ 204 945-7685
☎ 204 945-4327
✉ megan.bergman@gov.mb.ca

NEW BRUNSWICK

Dr. Jim Goltz
Agricultural Research Station
Postal Box 6000
Fredericton, New Brunswick E3B 5H1
☎ 506 453-5488
☎ 506 453-7918
✉ jim.goltz@gnb.ca

NOVA SCOTIA

Dr. Robert Kerr
Hancock Building
65 River Road
Postal Box 550
Truro, Nova Scotia B2N 5E3
☎ 902 893-3491
☎ 902 895-6684
✉ kerrrw@gov.ns.ca

NUNAVUT

Mr. Matthew Fredlund
Department of Environment
P. O Box 209
Iglulik, Nunavut X0A 0L0
☎ 867 934-2178
☎ 867 934-2190

ONTARIO

Dr Leslie Woodcock
5th Floor NW
1 Stone Road West Guelph, Ontario N1G 4Y2
☎ 519 826-3577
✉ leslie.woodcock@ontario.ca

SASKATCHEWAN

Dr. Betty Althouse
Room 202
3085 Albert Street
Regina, Saskatchewan S4S 0B1
☎ 306 787-5547
☎ 306 787-1315
✉ betty.althouse@gov.sk.ca

NEWFOUNDLAND AND LABRADOR

Dr Laura Rogers
P. O Box 7400
St. John's, Newfoundland and Labrador A1E 3Y5
☎ 709 729-6879
709 729-0055
✉ laurarogers@gov.nl.ca

NORTHWEST TERRITORIES

Dr. Brett Elkin
600-5102 50th Avenue
Yellowknife, Northwest
Territories X1A 3S8
☎ 867 920-8067
☎ 867 873-0293
✉ brett_elkin@gov.nt.ca

YUKON

Dr. Mary Vanderkop
P. O. Box 2703 (U-1)
Whitehorse, Yukon Y1A 1C6
☎ 867 456-5582
☎ 867 456-6124
✉ mvanderkop@gov.yk.ca