**Information-Sharing Consent Form**

I *(the person who has possession, care or control of the animal)* give the Canadian Food Inspection Agency (CFIA) consent to contact my herd veterinarian, *(name of herd veterinarian),* to share information regarding test results and seek information regarding the health status of the herd. This consent is required for the purposes of conducting a thorough disease investigation, under the authority of the Health of Animals Act.

*Insert contact information for herd veterinarian*

I am aware that this communication with the herd veterinarian is the first step in their involvement in the investigation, and that additional consent maybe required as the investigation proceeds.

If my position on providing this consent changes, I am responsible for notifying the CFIA of such a change.

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Signature

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Date