CANADIAN WILDLIFE HEALTH COOPERATIVE

CWHC NATIONAL OFFICE
Western College of Veterinary Medicine
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CCWHC Database Access Request

You agree to comply with all conditions of use as stated in the CWHC Privacy Policy, Data Security Policy, and Data Sharing Policy (found here: http://www.cwhc-rcsf.ca/legal_disclaimer.php#policies). You agree to review thesed agreements and policies periodically to be aware of any modifications. Continued use of the CWHC Wildlife Disease Database will be deemed acceptance to any modifications.
Note: Users who are not employed by the CWHC will be required to revalidate their account annually.

Please Print Legibly

Name: _____

Organization: _____

Address: _____

Phone #: (_____) _____

Email Address: _____

Signature: _____ Date: _____

CWHC Staff? Yes or No Length of Employment (in months): _____

Requested Project(s) (* Diagnostic/AIV/CWD etc.) _____ Year(s): _____

Will you be required to edit or create records? Yes / No

I have read and agree to all relevant CWHC data and privacy policies: Yes / No

**** CWHC/RCSF OFFICE USE ONLY ****

Authorized by: _____ _____
FIRST NAME LAST NAME

Position: _____

Signature: _____ Date: _____