

Farmed Cervidae Inventory

For each farmed Cervidae herd, a complete animal inventory must be conducted every 12 months, along with a Chronic Wasting Disease (CWD) Testing Summary and Herd Agreement for Cervidae, in order to maintain registered herd status. The accuracy of the inventory must be verified by the owner and an accredited veterinarian by signing and submitting the inventory to the board (1721.0380).

Premises and Owner/Manager Information		Veterinarian Information
Premises	Premises Number:	PLEASE COMPLETE ALL FIELDS:
	Premises Address:	Veterinarian:
Owner/Manager	Owner/Manager Name:	Clinic:
	Mailing Address:	Address:
	City, State, Zip:	City, State, Zip:
	Phone:	Phone:
	Email:	Email:
Preferred contact: <input type="checkbox"/> Mail <input type="checkbox"/> Email		Preferred contact: <input type="checkbox"/> Mail <input type="checkbox"/> Email

Inventory Summary

Animal species	Number of each type of animal
white-tailed deer	
elk	
fallow deer	
red deer	
reindeer	
sika deer	
caribou	

Inventory Date: _____

Animal species	Number of each type of animal
moose	
pudu	
Pere David's deer	
muntjac	
mule deer	
other	
other	

Physical Inventory: A physical inventory is to be completed every three years by all Farmed Cervidae herds. Please check the box below if you are submitting to fulfill this requirement.

I certify that the attached farmed Cervidae inventory is complete and accurate as of the date listed and includes the physical verification of individually reading, completely and accurately recording all identification tags, age and sex for every animal in my herd verified by myself and an accredited veterinarian or Board of Animal Health Inspector.

Owner

I certify that the attached farmed Cervidae inventory is complete and accurate as of the date listed and includes all animals over 12 months that died or were slaughtered for this annual reporting period on the CWD Testing Summary. I certify that all herd additions originated from herds with an equal or higher CWD status.

Owner Signature:	Date:
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Accredited Veterinarian

I certify, to the best of my knowledge, that the attached farmed Cervidae inventory is complete and accurate as of the date listed.

Veterinarian Signature:	Accreditation number:	Date:
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Board of Animal Health Inspector (optional)

Inspector Name (print):	Signature:	Date:
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Farmed Cervidae Inventory

Premises Number:	Premises Name:	Inventory date:
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Animals currently in the herd:

Animal	Official ID Tag	Tag Color	Re-tagged*	Additional ID	Tag Color	Animal Type	Sex	Year Born	Born on Farm
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
18.									
19.									
20.									
21.									
22.									
23.									
24.									
25.									
26.									
27.									
28.									
29.									
30.									

*Please denote any re-tagged animals on the Re-tagged Farmed Cervidae Form.

(Version 12/14/2018)

Re-Tagged Farmed Cervidae

Premises Number:	Premises Name:	Date:
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Animal	Previous Official ID Tag	Previous Management Tag	New Official ID Tag	New Management Tag	Animal Type	Sex	Year Born
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
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22.							
23.							
24.							
25.							
26.							
27.							
28.							
29.							
30.							

Chronic Wasting Disease (CWD) Testing Summary and Herd Agreement for Cervidae

Premises Number:	Premises Name:	Date:
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An updated registration and Herd Inventory Agreement with inventory and chronic Wasting Disease Agreement must be submitted to the Board every 12 months in order to maintain registered herd status. All animals over 12 months of age that die or are slaughtered must be tested for CWD at an approved laboratory.

CWD Test-Eligible Animals: List *all* animals over 12 months that died or were slaughtered during reporting period, even if no test was performed. If there are **no animals to report**, write, **"none."**

Animals:

Official ID Tag	Additional Tag	Age	Sex	Cervid Type	Date Died or Slaughtered	CWD test result	Sample Collection Date

(version 12/14/2018)