

Farmed Cervidae Movement or Death Report

*All movements and deaths must be reported to the Board within 14 days.
 Imports/exports must be reported on this form in addition to a Certificate of Veterinary Inspection (CVI).*

PREMISES AND REPORT INFORMATION

Owner/Consigner's Name:	Consignee's Name:	Cert of Vet. Inspection #:
Owner/Consigner's Address:	Consignee's Address:	Date of Movement or Death:
Origin Address:	Destination Address:	Reason for Report: Moved to Different Herd Exported Out of Minnesota Moved Direct to Slaughter Harvested on Farm Death Exhibition/Display
Origin Contact Phone:	Destination Contact Phone:	
Program Participation: TB Accredited BR Certified CWD Level:	Program Participation: TB Accredited BR Certified CWD Level:	

ANIMAL INFORMATION

Animal	Official ID	Additional ID 1	Additional ID 2 <i>(If retagged, note OLD tag here and check box)</i> <input checked="" type="checkbox"/> RE-TAG	Species	Sex	Year Born	Notes
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

CERTIFICATION

*I certify that the information on this report is complete and accurate.
 All animal identifications have been physically verified by all parties.*

Two signatures are required for movements.

Owner Signature: _____

Date: _____

Consignee Signature: _____

Date: _____