

**Inspection Report
 Farmed Cervidae**

Facility

Premises ID:	
Owner name:	
Farm name:	
Address:	
City, State, Zip:	
Phone:	
Email:	

Location

County name:	Township name:
Latitude:	Longitude:
Township:	Range:
Section:	Forty:

Yes	No	Inspection
		(1) Inventory match
		(2) Fencing
		(3) Exclusionary fencing
		(4) Record keeping
		(5) Official identification
		(6) Supplemental identification
		(7) Movement reports
		(8) Death reports
		(9) CWD testing

Inspector

Name:	Code:	Date:
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(version 04-24-15)