

## 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

<b>Origin Premises Number:</b>	<b>Destination Premises Number (if applicable):</b>	<b>Date of Movement or Death:</b>
<b>Origin Name:</b>	<b>Destination Name:</b>	<b>Cert of Vet. Inspection #:</b>
<b>Animal Origin Address:</b>	<b>Animal Destination Address:</b>	<b>Reason for Report:</b> Exported Out of Minnesota Imported Into Minnesota Moved within Minnesota* Exhibition/Display Moved Live to Slaughter Facility Killed on Farm Died
<b>Origin Mailing Address:</b>	<b>Destination Mailing Address:</b>	
<b>Origin Contact Phone:</b>	<b>Destination Contact Phone:</b>	
<b>Program Participation:</b> TB Accredited BR Certified CWD Level:	<b>Program Participation:</b> TB Accredited BR Certified CWD Level:	
<b>Carrier's Name and Address:</b>		<i>*For intrastate movements, both parties must either sign one form and submit or each individual submit a signed form to the Board.</i>

### ANIMAL INFORMATION

	Official ID RE-TAG? <input checked="" type="checkbox"/>	Additional ID RE-TAG? <input checked="" type="checkbox"/>	If Retagged, list old ID	Species	Sex	Year Born	CWD Tested (Y or N)	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.*

**For intrastate movements, both parties must either sign one form and submit or each individual submit a signed form to the Board.**

Origin Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Destination Signature: \_\_\_\_\_

Date: \_\_\_\_\_