

10 DAY MOVEMENT RECORD

THIS FORM MUST BE FILED WITH THE PA DEPARTMENT OF AGRICULTURE WITHIN 10 BUSINESS DAYS OF MOVEMENT OF ANY CERTIFIED CERVID BY BOTH THE SOURCE AND DESTINATION HERD AGENTS.

COMPLETE BOTH SIDES OF THIS FORM AND ATTACH ADDITIONAL SHEETS IF NEEDED

EMAIL: CWD_MOVEMENT@PA.GOV
 MAIL: PENNSYLVANIA DEPARTMENT OF AGRICULTURE
 ATTN: CWD MOVEMENT
 2301 NORTH CAMERON STREET
 HARRISBURG, PA 17110-9408

YOUR PROGRAM STATUS: (CHECK BOX)

FULLY CERTIFIED 3RD YEAR HCP
 5TH YEAR HCP 2ND YEAR HCP
 4TH YEAR HCP 1ST YEAR HCP

HERD MONITORED

YOUR PA PREMISES ID:

PA

IS YOUR HERD THE: (PLEASE CHECK THE APPROPRIATE BOX) <input type="checkbox"/> SOURCE or <input type="checkbox"/> DESTINATION or <input type="checkbox"/> BOTH*** ***Submit only <u>ONE</u> form if both source & destination herds have the same owner			TYPE OF TRANSACTION:	REASON FOR MOVEMENT:
OWNERS NAME:			BUSINESS NAME:	
MAILING ADDRESS:			PHYSICAL LOCATION (911 ADDRESS AND/OR DESCRIPTION):	
CITY	STATE	ZIP	DATE OF DEPARTURE/ARRIVAL:	
AGENT PHONE:		AGENT CELL PHONE:		EMAIL ADDRESS:
AGENT PREPARING THIS FORM:				

WHERE DID THE ANIMALS COME FROM? OR WHERE DID THE ANIMALS GO?

OWNERS NAME:		THEIR PROGRAM STATUS: (CHECK BOX) <input type="checkbox"/> FULLY CERTIFIED <input type="checkbox"/> 3 RD YEAR HCP <input type="checkbox"/> 5 TH YEAR HCP <input type="checkbox"/> 2 ND YEAR HCP <input type="checkbox"/> 4 TH YEAR HCP <input type="checkbox"/> 1 ST YEAR HCP <input type="checkbox"/> HERD MONITORED		THEIR PA PREMISES ID: PA
BUSINESS NAME OR SLAUGHTER FACILITY:				
MAILING ADDRESS:		PHYSICAL LOCATION (911 ADDRESS AND/OR DESCRIPTION):		
CITY	STATE	ZIP	CONTACT NAME/ PHONE NUMBER:	

DID YOU STOP-OVER ANYWHERE PRIOR TO ARRIVING AT THE FINAL DESTINATION? YES NO

IF YES, PLEASE ANSWER THE QUESTIONS BELOW

STOP #1 PROPERTY OWNERS NAME: CWD HERD STATUS: PHYSICAL ADDRESS:	STOP#2 PROPERTY OWNERS NAME: CWD HERD STATUS: PHYSICAL ADDRESS:
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DID YOU USE A DEALER/HAULER OR BROKER YES NO IF YES, PLEASE ANSWER THE QUESTIONS BELOW

NAME: ADDRESS: PHONE:	<input type="checkbox"/> DEALER/HAULER <input type="checkbox"/> BROKER (CHECK THE APPROPRIATE BOX) PA DEALER HAULER LICENSE NUMBER: EXPIRATION DATE:
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<u>SOURCE HERD PA PREMISES ID:</u> PA	<u>FINAL DESTINATION HERD PA PREMISES ID:</u> PA
<u>OWNERS NAME:</u>	<u>OWNERS NAME:</u>
<u>BUSINESS NAME:</u>	<u>BUSINESS NAME:</u>

ARE YOU THE: **SOURCE** or **DESTINATION** or **BOTH*****
 (PLEASE CHECK THE APPROPRIATE BOX ABOVE)

***Submit only ONE form if both source & destination herds have the same owner

#	OFFICIAL ID – USE FULL CURRENT ID	UNOFFICIAL/SECONDARY ID	SPECIES	DATE OF BIRTH	SEX M/F
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

I hereby affirm and verify the foregoing information to be a true and correct record of all CWD Program Species being moved on this day and make such statements subject to the penalties established at 18 Pa.C.S.A. §§ 4903- 4904, related to false swearing and unsworn falsification to authorities.

 PRINT NAME (AGENT PREPARING INVENTORY)

 SIGNATURE (AGENT PREPARING INVENTORY)

 DATE