

CWD PROGRAM SPECIES ANNUAL INVENTORY

NEWBORN ADDITIONS

(BORN ON YOUR FARM IN THE LAST 12 MONTHS)

****USE FOR FIRST TWELVE MONTHS OF NEWBORNS' LIVES ONLY****

(COMPLETE BOTH SIDES OF THIS FORM)

OFFICIAL ID IS NOT REQUIRED FOR CERVIDS UNDER 12 MONTHS OF AGE

PA PREMISES ID:

PA

DATE INVENTORY COMPLETED:

PROGRAM STATUS: (CHECK BOX)

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

OWNER NAME:

BUSINESS NAME:

MAILING ADDRESS:

PHYSICAL LOCATION (911 ADDRESS AND/OR DESCRIPTION):

CITY

STATE

ZIP

AGENT PREPARING INVENTORY:

AGENT PHONE:

AGENT CELL PHONE:

EMAIL ADDRESS:

#	OFFICIAL ID (IF ASSIGNED) <small>(REQUIRED FOR ALL CERVID MOVEMENT)</small>	SPECIES	DATE OF BIRTH	SEX M/F	#	OFFICIAL ID (IF ASSIGNED) <small>(REQUIRED FOR ALL CERVID MOVEMENT)</small>	SPECIES	DATE OF BIRTH	SEX M/F
	UNOFFICIAL ID AND/OR SECONDARY ID					UNOFFICIAL ID AND/OR SECONDARY ID			
1					8				
2					9				
3					10				
4					11				
5					12				
6					13				
7					14				

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PLEASE PRINT CLEARLY

NEWBORN ADDITIONS
(BORN ON YOUR FARM IN THE LAST 12 MONTHS)

PA PREMISES ID:
PA

OWNER LAST NAME:

INVENTORY DATE:

#	OFFICIAL ID (IF ASSIGNED) <small>(REQUIRED FOR ALL CERVID MOVEMENT)</small>	SPECIES	DATE OF BIRTH	SEX M/F	#	OFFICIAL ID (IF ASSIGNED) <small>(REQUIRED FOR ALL CERVID MOVEMENT)</small>	SPECIES	DATE OF BIRTH	SEX M/F
	UNOFFICIAL ID AND/OR SECONDARY ID					UNOFFICIAL ID AND/OR SECONDARY ID			
15					24				
16					25				
17					26				
18					27				
19					28				
20					29				
21					30				
22					31				
23					32				

I hereby affirm and verify the foregoing information to be a true and correct record of all CWD Program Species born on my premises since my last annual inventory as of 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