PENNSYLVANIA DEPARTMENT OF AGRICULTURE			BUREAU OF ANIMAL HEALTH AND DIAGNOSTIC SERVICES				
CWD PROGRAM SPECIES MOVEMENT RECORD-CONTINUATION SHEET							
YOUR PA PREMISES ID: PA			THEIR PA PREMISES ID: PA				
OWNERS NAME:			OWNERS NAME:				
BUSINESS NAME:			BUSINESS NAME:				
60	SINESS NAIVIE:	BUSINESS NAIVIE.					
	ARE <u>YOU</u> 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	UNOFI	FICIAL/SECONDARY ID		SPECIES	DATE OF	SEX
			•			BIRTH	M/F
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	T NAME (AGENT PREPARING INVENTORY)	SIGNATURE (AGEN	T PREPARING INVENTORY)	_	DATE		

