

CWD PROGRAM SPECIES ANNUAL INVENTORY

ALL ANIMALS CURRENTLY IN THE HERD

PLEASE PRINT CLEARLY

(COMPLETE BOTH SIDES OF THIS FORM)

OFFICIAL ID IS REQUIRED FOR CERVIDS 12 MONTHS OF AGE OR OLDER IN THE HERD CERTIFICATION PROGRAM

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 – USE FULL CURRENT ID (REQUIRED FOR HCP CERVIDS 12 MONTHS OF AGE OR OLDER)	SPECIES	DATE OF BIRTH	SEX M/F	NO ID CHANGE	BORN ON FARM	PURCHASE /ADDITION	RE-TAG	USE THIS SECTION FOR RE-TAGS ONLY (FULL ID)	
	UNOFFICIAL AND/OR SECONDARY ID (FULL ID)								PREVIOUS OFFICIAL ID (FULL ID)	PREVIOUS UNOFFICIAL AND/OR SECONDARY ID
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

CWD PROGRAM SPECIES ANNUAL INVENTORY
PLEASE PRINT CLEARLY

ALL ANIMALS CURRENTLY IN THE HERD

PA PREMISES ID:
PA

OWNER LAST NAME:

INVENTORY DATE:

#	OFFICIAL ID – USE FULL CURRENT ID (REQUIRED FOR HCP CERVIDS 12 MONTHS OF AGE OR OLDER)	SPECIES	DATE OF BIRTH	SEX M/F	NO ID CHANGE	BORN ON FARM	PURCHASE/ ADDITION	RE-TAG	USE THIS SECTION FOR RE-TAGS ONLY	
	UNOFFICIAL AND/OR SECONDARY ID (FULL ID)								PREVIOUS OFFICIAL ID (FULL ID)	PREVIOUS UNOFFICIAL AND/OR SECONDARY ID
8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

I hereby affirm and verify the foregoing information to be a true and correct record of the entire herd of CWD Program Species 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