

**CWD PROGRAM SPECIES ANNUAL INVENTORY**  
**PLEASE PRINT CLEARLY**

**ALL ANIMALS CURRENTLY IN THE HERD**

(COMPLETE BOTH SIDES OF THIS FORM)

PA PREMISES ID:  
**PA**

OWNER LAST NAME:

INVENTORY DATE:

#	OFFICIAL ID – USE FULL CURRENT ID (REQUIRED FOR ALL 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)
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby affirm and verify the foregoing to be a true and correct record of my 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