

CWD PROGRAM SPECIES ANNUAL INVENTORY **ALL ESCAPES/THEFTS/INGRESS IN THE HERD**

PA PREMISES ID:

OWNER LAST NAME:

INVENTORY DATE:

****ALL NOTIFICATIONS OF ESCAPE/THEFT MUST BE REPORTED TO YOUR REGIONAL OFFICE WITHIN 48 HOURS****

PA

#	OFFICIAL ID (USE FULL ID) UNOFFICIAL ID AND/OR SECONDARY ID	DATE OF BIRTH	SEX M/F	DATE OF ESCAPE/THEFT	DATE AND METHOD OF NOTIFICATION TO PA DEPT. OF AGRICULTURE REGIONAL OFFICE AND OFFICE LOCATION	DATE OF <u>WRITTEN NOTIFICATION</u> TO PA DEPT. OF AG REGIONAL OFFICE AND OFFICE LOCATION	WAS ANIMAL RECOVERED? METHOD? YES or NO (IF YES, GIVE DATE)

I hereby affirm and verify the foregoing information to be a true and correct record of all CWD Program Species that have escaped/stolen and/or breached 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