

CWD PROGRAM SPECIES ANNUAL INVENTORY **ALL ESCAPES/THEFTS/INGRESS IN THE HERD**
 (COMPLETE BOTH SIDES OF THIS FORM)
****ALL NOTIFICATIONS OF ESCAPE/THEFT/INGRESS MUST BE REPORTED TO YOUR REGIONAL OFFICE WITHIN 48 HOURS****

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

PERSON PREPARING INVENTORY:

PHONE:

CELL PHONE:

EMAIL ADDRESS:

#	OFFICIAL ID (USE FULL ID) UNOFFICIAL ID AND/OR SECONDARY ID	DATE OF BIRTH	SEX M/F	DATE OF ESCAPE/THEFT AND/OR INGRESS	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)
1							
2							
3							
4							
5							
6							
7							
8							

