

CWD PROGRAM SPECIES ANNUAL INVENTORY

ADDITIONS TO THE HERD-CONTINUATION

PA PREMISES ID:
PA

OWNER LAST NAME:

INVENTORY
DATE:

(ONLY REPORT ADDITIONS FROM OTHER HERDS)

PLEASE PRINT CLEARLY

#	OFFICIAL ID – (FULL ID) (REQUIRED FOR ALL MOVEMENT)	DATE OF BIRTH	SEX M/F	RECEIVED FROM: (PROVIDE FULL NAME OF INDIVIDUAL AND ADDRESS)	SOURCE HERD PA PREMISES ID/ PROGRAM STATUS	IF BROKER/DEALER/Hauler USED - PROVIDE THEIR FULL NAME AND PHONE NUMBER	DATE OF ARRIVAL AT <u>YOUR</u> PREMISES
	UNOFFICIAL ID AND/OR SECONDARY ID						
				NAME: ----- ADDRESS:		NAME: ----- PHONE NO:	
				NAME: ----- ADDRESS:		NAME: ----- PHONE NO:	
				NAME: ----- ADDRESS:		NAME: ----- PHONE NO:	
				NAME: ----- ADDRESS:		NAME: ----- PHONE NO:	
				NAME: ----- ADDRESS:		NAME: ----- PHONE NO:	
				NAME: ----- ADDRESS:		NAME: ----- PHONE NO:	
				NAME: ----- ADDRESS:		NAME: ----- PHONE NO:	
				NAME: ----- ADDRESS:		NAME: ----- PHONE NO:	

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