

CWD PROGRAM SPECIES ANNUAL INVENTORY

(COMPLETE BOTH SIDES OF THIS FORM)

ATTACH COPIES OF ALL MOVEMENT RECORDS FOR THE PRIOR YEAR TO THIS INVENTORY

OFFICIAL ID IS REQUIRED FOR ALL CERVID MOVEMENT

ADDITIONS TO THE HERD

(ONLY REPORT ADDITIONS FROM OTHER HERDS)

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 ALL MOVEMENT)	DATE OF BIRTH	SEX M/F	RECEIVED FROM:	SOURCE HERD PA PREMISES ID/ PROGRAM STATUS	IF BROKER/DEALER/HAUER USED - PROVIDE THEIR FULL NAME AND PHONE NUMBER	DATE OF ARRIVAL TO YOUR PREMISES
	UNOFFICIAL AND/OR SECONDARY ID			(PROVIDE FULL NAME OF INDIVIDUAL AND ADDRESS)			
1				NAME: ----- ADDRESS: -----		NAME: ----- PHONE NO: -----	
2				NAME: ----- ADDRESS: -----		NAME: ----- PHONE NO: -----	
3				NAME: ----- ADDRESS: -----		NAME: ----- PHONE NO: -----	
4				NAME: ----- ADDRESS: -----		NAME: ----- PHONE NO: -----	
5				NAME: ----- ADDRESS: -----		NAME: ----- PHONE NO: -----	
6				NAME: ----- ADDRESS: -----		NAME: ----- PHONE NO: -----	
7				NAME: ----- ADDRESS: -----		NAME: ----- PHONE NO: -----	

CWD PROGRAM SPECIES ANNUAL INVENTORY

ADDITIONS TO THE HERD
(ONLY REPORT ADDITIONS FROM OTHER HERDS)

PA PREMISES ID:
PA

OWNER LAST NAME:

INVENTORY
DATE:

PLEASE PRINT CLEARLY

#	OFFICIAL ID – USE FULL CURRENT 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						
8				NAME: ADDRESS:		NAME: PHONE NO:	
9				NAME: ADDRESS:		NAME: PHONE NO:	
10				NAME: ADDRESS:		NAME: PHONE NO:	
11				NAME: ADDRESS:		NAME: PHONE NO:	
12				NAME: ADDRESS:		NAME: PHONE NO:	
13				NAME: ADDRESS:		NAME: PHONE NO:	
14				NAME: ADDRESS:		NAME: PHONE NO:	
15				NAME: ADDRESS:		NAME: PHONE NO:	
16				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