

CWD PROGRAM SPECIES ANNUAL INVENTORY LIVE ANIMAL DELETIONS FROM HERD-CONTINUATION  
 PLEASE PRINT CLEARLY

PA PREMISES ID:  
**PA**

OWNER LAST NAME:

INVENTORY DATE:

#	OFFICIAL ID – USE FULL CURRENT ID (REQUIRED FOR ALL MOVEMENT)	DATE OF BIRTH	SEX M/F	MOVED TO: (PROVIDE FULL NAME OF INDIVIDUAL AND ADDRESS)	DESTINATION'S PA PREMISES ID AND PROGRAM STATUS	IF BROKER/DEALER/HULER USED - PROVIDE THEIR FULL NAME AND PHONE NUMBER	DATE OF DEPARTURE FROM YOUR 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 that have left 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