

CWD PROGRAM SPECIES ANNUAL INVENTORY
PLEASE PRINT CLEARLY

NEWBORN ADDITIONS-CONTINUATION
(BORN ON YOUR FARM IN THE LAST 12 MONTHS)

PA PREMISES ID:
PA

OWNER LAST NAME:

INVENTORY DATE:

#	OFFICIAL ID (IF ASSIGNED) <small>(REQUIRED FOR ALL CERVID MOVEMENT)</small> UNOFFICIAL ID AND/OR SECONDARY ID	SPECIES	DATE OF BIRTH	SEX M/F	#	OFFICIAL ID (IF ASSIGNED) <small>(REQUIRED FOR ALL CERVID MOVEMENT)</small> UNOFFICIAL ID AND/OR SECONDARY ID	SPECIES	DATE OF BIRTH	SEX M/F

I hereby affirm and verify the foregoing information to be a true and correct record of all CWD Program Species born on 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