

**VETERINARIAN INVENTORY VERIFICATION FORM**

Complete and attach additional sheets if needed. Veterinarian is to keep a copy, provide a copy to the participant, and send original to the Department via any method below.

EMAIL: [CWD\\_MOVEMENT@PA.GOV](mailto:CWD_MOVEMENT@PA.GOV)

FAX: 717-787-1868

MAIL: PENNSYLVANIA DEPARTMENT OF AGRICULTURE  
 ATTN: ANIMAL HEALTH, CWD  
 2301 NORTH CAMERON STREET  
 HARRISBURG, PA 17110-9408

PROGRAM STATUS: (CHECK BOX)  
 FULLY CERTIFIED     3<sup>RD</sup> YEAR HCP  
 5<sup>TH</sup> YEAR HCP     2<sup>ND</sup> YEAR HCP  
 4<sup>TH</sup> YEAR HCP     1<sup>ST</sup> YEAR HCP

PA PREMISES ID:  
**PA**

<b>VERIFICATION METHOD:</b> <input type="checkbox"/> VISUAL <input type="checkbox"/> HANDS-ON	<b>TOTAL IN HERD:</b>	<b>NUMBER VERIFIED:</b>	<b>DATE OF INVENTORY VERIFICATION:</b>
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<b>OWNERS NAME:</b>	<b>BUSINESS NAME:</b>
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<b>MAILING ADDRESS:</b>	<b>PHYSICAL LOCATION (911 ADDRESS AND/OR DESCRIPTION):</b>
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<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
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#	ALL OFFICIAL ID – USE FULL CURRENT ID		SPECIES	OWNER HAS OFFICIAL ID	RETAGS ONLY- OFFICIAL ID	
	a	b			a	b
1	a			<input type="checkbox"/>	a	
	b				b	
2	a			<input type="checkbox"/>	a	
	b				b	
3	a			<input type="checkbox"/>	a	
	b				b	
4	a			<input type="checkbox"/>	a	
	b				b	
5	a			<input type="checkbox"/>	a	
	b				b	
6	a			<input type="checkbox"/>	a	
	b				b	
7	a			<input type="checkbox"/>	a	
	b				b	
8	a			<input type="checkbox"/>	a	
	b				b	

<b>NUMBER &lt;12 MONTHS OLD</b>	
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I hereby affirm and verify the foregoing information to be a true and correct record of CWD Program Species 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 (VETERINARIAN VERIFYING INVENTORY)	SIGNATURE (VETERINARIAN VERIFYING INVENTORY)	USDA ACCREDITATION NUMBER	DATE
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