

10 DAY DEATH RECORD - HCP HERDS ONLY

THIS FORM MUST BE FILED WITH THE PA DEPARTMENT OF AGRICULTURE WITHIN **10 BUSINESS DAYS OF DEATH OF A CERVID FROM AN HCP PARTICIPATING HERD, 12 MONTHS OR OLDER**, BY PREMISES OWNER/AUTHORIZED AGENT. COMPLETE BOTH SIDES OF THIS FORM AND ATTACH ADDITIONAL SHEETS AS NEEDED.

EMAIL: CWD_MOVEMENT@PA.GOV
MAIL: PENNSYLVANIA DEPARTMENT OF AGRICULTURE
ATTN: CWD MOVEMENT
2301 NORTH CAMERON STREET
HARRISBURG, PA 17110-9408

YOUR PROGRAM STATUS: (CHECK BOX)

- FULLY CERTIFIED 3RD YEAR HCP
 5TH YEAR HCP 2ND YEAR HCP
 4TH YEAR HCP 1ST YEAR HCP

PA PREMISES ID:

PA

OWNERS NAME:			BUSINESS NAME:		
MAILING ADDRESS:			PHYSICAL LOCATION (911 ADDRESS AND/OR DESCRIPTION):		
CITY	STATE	ZIP	AGENT PREPARING FORM:		
AGENT PHONE:		AGENT CELL PHONE:		EMAIL ADDRESS:	

#	OFFICIAL ID – USE FULL ID	DATE OF BIRTH	SEX M/F	DATE OF DEATH	CAUSE OF DEATH
	UNOFFICIAL AND/OR SECONDARY ID				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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#	OFFICIAL ID – USE FULL ID	DATE OF BIRTH	SEX M/F	DATE OF DEATH	CAUSE OF DEATH
	UNOFFICIAL AND/OR SECONDARY ID				
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					

I hereby affirm and verify the foregoing information to be a true and correct record of all CWD Program Species 12 months or older that have died within 10 business days 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