

**CWD PROGRAM SPECIES ANNUAL INVENTORY LIVE ANIMAL DELETIONS FROM HERD**

(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**

PA PREMISES ID:

**PA**

DATE INVENTORY COMPLETED:

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
- 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	MOVED TO: (PROVIDE FULL NAME OF INDIVIDUAL AND ADDRESS)	DESTINATION'S PA PREMISES ID AND PROGRAM STATUS	IF BROKER/DEALER/HAULER USED - PROVIDE THEIR FULL NAME AND PHONE NUMBER	DATE OF DEPARTURE FROM <u>YOUR</u> PREMISES
	UNOFFICIAL AND/OR SECONDARY ID						
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  
PLEASE PRINT CLEARLY

LIVE ANIMAL DELETIONS FROM HERD

PA PREMISES ID:  
**PA**

OWNER LAST NAME:

INVENTORY DATE:

#	OFFICIAL ID – USE FULL CURRENT ID <b>(REQUIRED FOR ALL MOVEMENT)</b>	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/Hauler USED - PROVIDE THEIR FULL NAME AND PHONE NUMBER	DATE OF DEPARTURE FROM <u>YOUR</u> 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