

**VETERINARIAN INVENTORY**  
**VERIFICATION FORM**

PA PREMISES ID:  
**PA**

DATE OF INVENTORY  
VERIFICATION:

#	a	ALL OFFICIAL ID – USE FULL CURRENT ID	SPECIES	OWNER HAS OFFICIAL ID	a	RETAGS ONLY- OFFICIAL ID
	b	ALL UNOFFICIAL/SECONDARY ID			b	UNOFFICIAL/SECONDARY ID
	a			<input type="checkbox"/>	a	
	b				b	
	a			<input type="checkbox"/>	a	
	b				b	
	a			<input type="checkbox"/>	a	
	b				b	
	a			<input type="checkbox"/>	a	
	b				b	
	a			<input type="checkbox"/>	a	
	b				b	
	a			<input type="checkbox"/>	a	
	b				b	
	a			<input type="checkbox"/>	a	
	b				b	
	a			<input type="checkbox"/>	a	
	b				b	
	a			<input type="checkbox"/>	a	
	b				b	
	a			<input type="checkbox"/>	a	
	b				b	
	a			<input type="checkbox"/>	a	
	b				b	

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 \_\_\_\_\_

