

**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><br><input type="checkbox"/> VISUAL <input type="checkbox"/> HANDS-ON | <b>TOTAL IN HERD:</b> | <b>NUMBER VERIFIED:</b> | <b>DATE OF INVENTORY VERIFICATION:</b> |
|--|-----------------------|-------------------------|--|

|                     |                       |
|---------------------|-----------------------|
| <b>OWNERS NAME:</b> | <b>BUSINESS NAME:</b> |
|---------------------|-----------------------|

|                         |  |
|-------------------------|--|
| <b>MAILING ADDRESS:</b> | <b>PHYSICAL LOCATION (911 ADDRESS AND/OR DESCRIPTION):</b> |
|-------------------------|--|

|             |              |            |
|-------------|--------------|------------|
| <b>CITY</b> | <b>STATE</b> | <b>ZIP</b> |
|-------------|--------------|------------|

| # | 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> |  |
|---------------------------------|--|

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 |
|---|--|---------------------------|------|