

## Chronic Wasting Disease (CWD) Inventory Verification Form

🐾 Official Identification 🐾		Unofficial Identification		Species	Sex	Birthdate	<b>Explanation * (Read Below)</b>
Metal Tag	RFID Tag	Plastic Tag	Tattoo	WT/Elk	M/F	Month-Year	

**List each animal by the following criteria:**

- \* **Only List One** - Previously Inventoried (PI), Natural Addition (NA), or Purchased Addition (PA = date, name, city, state).
- \* **List if Applicable** - Sold (S = date, name, city, state), Died (D = date, submission information), or Escaped (E = date, explanation).

🐾 All animals 12 months of age or older, and all purchased additions (regardless of age), must be listed on this inventory with two forms of identification. At least one of these forms must be official. Additionally, the Species, Sex, Birthdate, and Explanation columns are required fields. Incomplete or incorrect inventories will be rejected and returned to the CWD participant and veterinarian.

**CWD Participant Statement:** “I, the participant listed below, certify that all inventory information submitted is to the best of my knowledge true, accurate, and complete.”

Participant’s Name \_\_\_\_\_ CWD Herd Number \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Accredited Veterinarian Statement:** “I, the accredited veterinarian listed below, have examined the following cervidae listed on this inventory record and have verified that all these cervidae have the identification noted. I also verify that I did not observe any symptoms of Chronic Wasting Disease in these cervidae.”

DVM’s Name \_\_\_\_\_ Accreditation Number \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_