

Farmed Cervidae Movement or Death Report

All movements and deaths must be reported to the DNR within 14 days.

Imports/exports must be reported on this form in addition to a Certificate of Veterinary Inspection (CVI).

PREMISES AND REPORT INFORMATION

Origin Premises Number:	Destination Premises Number (if applicable):	Date of Movement or Death:
Origin Name:	Destination Name:	Cert of Vet. Inspection #:
Animal Origin Address:	Animal Destination Address:	Reason for Report: Exported Out of Minnesota Exhibition/Display Moved Live to Slaughter Facility Imported Into Minnesota Killed on Farm Moved within Minnesota* Died
Origin Mailing Address:	Destination Mailing Address:	
Origin Contact Phone:	Destination Contact Phone:	
Program Participation: TB Accredited BR Certified CWD Level:	Program Participation: TB Accredited BR Certified CWD Level:	
Carrier's Name and Address:		<i>*For intrastate movements, both parties must either sign one form and submit or each individual submit a signed form to the Board.</i>

ANIMAL INFORMATION

	RE-TAG? <input checked="" type="checkbox"/>	Official ID	RE-TAG? <input checked="" type="checkbox"/>	Additional ID	If Retagged, list old ID	Species	Sex	Year Born	CWD Tested (Y or N)	Notes
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										

CERTIFICATION

*I certify that the information on this report is complete and accurate.
 All animal identifications have been physically verified by all parties.*

For intrastate movements, both parties must either sign one form and submit or each individual submit a signed form to the DNR.

Origin Signature: _____ Date: _____
 Destination Signature: _____ Date: _____