



CWD Samples Record for Privately Owned Cervidae

Issued under the authority of Act No. 466, P.A. 1988, as amended

Michigan Department of Agriculture and Rural Development
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Herd Registration No.		Veterinarian Name	
Owner Name		Clinic Name (if applicable)	
Owner Mailing Address		Veterinarian Clinic Address	
Owner Phone Number		Veterinarian Phone Number	
Herd Address if different from Mailing		Date Sampled	
Head Drop Off Location (if applicable)		Date of Drop Off (if applicable)	

	Official ID	Other ID	Species	M/F	Age	Date of Death	Cause of Death*	Sample Condition, Re-Tagging Information, Comments
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

*Cause of Death: Illness, injury, cull or harvest

CWD Samples Record for Privately Owned Cervidae Continued

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	Official ID	Other ID	Species	M/F	Age	Date of Death	Cause of Death*	Sample Condition, Re-Tagging Information, Comments
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

**Cause of Death: Illness, injury, cull or harvest*

I, _____, certify that the animal(s) identified by the official identification number listed above are from my herd (identified by the registration number on this form) and died from the listed cause of death.

Producer Signature _____ Date _____

MDARD Representative/Veterinarian Accepting the samples Name (printed) _____

MDARD Representative/Veterinarian Accepting the samples Signature _____ Date _____