



Wisconsin Department of Agriculture, Trade and Consumer Protection

Division of Animal Health, P.O. Box 8911, Madison, WI 53708-8911

Phone: 608-224-4872 Fax: 608-224-4871

DEPARTMENT USE ONLY

Date Received

Initials

Cervid Owner Shipping Permit Application for Intrastate Slaughter ATCP 10.56(1)(a)1 and 10.08(3)

Owner Information				Slaughter Facility Information			
Name				Name Of Facility			
Farm-Raised Deer Keeper Registration Number <p style="text-align: center;">-AC</p>				Facility License Number			
Address				Address			
City	State	Zip Code		City	State	Zip Code	

Animals to Be Moved in This Shipment

#	Official Identification	✓	Other ID	Species	Age	Sex	#	Official Identification	✓	Other ID	Species	Age	Sex
1							10						
2							11						
3							12						
4							13						
5							14						
6							15						
7							16						
8							17						
9							18						

WARNING TO OWNER / SHIPPER: CERVIDS MUST BE DELIVERED TO NAMED SLAUGHTER FACILITY ONLY.

I hereby certify that no animals in this shipment contain implanted microchips (unidentified microchips may compromise the safe processing of the meat). If any animals do contain implanted microchips, they are identified with a checkmark next to the ID. Failure to identify microchipping may result in department action.

I hereby certify that the animals identified on this document are the only animals in this shipment and that all animals represented on this document are to be delivered to the above named slaughter facility. I have arranged or will arrange for this permit application to accompany the intrastate shipment and a fully-completed copy of the permit application to be forwarded to the Division of Animal Health.

I have also arranged for all animals 12 months or greater if enrolled in a CWD Herd Status Program OR 25% of animals 16 months and older for non-enrolled herds to be sampled for Chronic Wasting Disease.

Owner Signature: _____

Date Of Shipment: _____

FOR USE BY SLAUGHTER FACILITY ONLY

I certify that the animals described on this permit application were received and slaughtered in accordance with the requirements of the State of Wisconsin, Department of Agriculture, Trade and Consumer Protection.

Date animals received: _____ Number of animals received: _____ Date slaughtered: _____

Name and title of authorized agent (state meat inspector, federal meat inspector or representative of slaughter facility). Date signed

Please Print Name and Title Signature

**Mail a copy of this permit within 7 days of animal receipt to: Department of Agriculture, Trade and Consumer Protection
Division of Animal Health, c/o CWD Program Manager, P.O. Box 8911, Madison, WI 53708-8911**