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| DAH-BADC-045 (rev 07/2025) | | | | | | | | | | | | | | | | | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  *Division of Animal Health*  Bureau of Animal Disease Control  Lockbox 93598, Milwaukee, WI 53293-3598  Phone: (608) 224-4872  Fax: (608) 224-4871 | | | | | | | | | | | | | | OFFICE USE ONLY | | | | |
| Inspected by:  Date inspected:  Approved  Disapproved / Reason: | | | | |
| Wisconsin Farm-Raised Deer Hunting Ranch Application | | | | | | | | | | | | | | | | | | | |
| *No person may grant or offer, for consideration, the opportunity to hunt farm-raised deer without a valid hunting ranch certificate. ATCP § 10.47(2)(b). Engaging in those activities without this certificate is subject to civil forfeiture, fine, and/or imprisonment. Wis. Stats. § 95.99.*  *Personal information you provide may be used for purposes other than that for which it was originally collected.* (*Wis. Stat. §* 15.04(1)(m)).  This institution is an equal opportunity employer  This institution is an equal opportunity employer  *ATCP § 10.47(3), Wis. Stats. § 95.55.* | | | | | | | | | | | | | | | | | | | |
| **REGISTRATION INFORMATION** | | | | | | | | | | | | | | | | | | | |
| REGISTRATION NUMBER #: | | | | | | | | | | | | | DATE: | | | | | | |
| GPS Coordinates (front gate location): | | | | | | | | LONG: LAT: | | | | | | | | | | | |
| LEGAL ENTITY: | | | | | | | | | | DOING BUSINESS AS (if different): | | | | | | | | | |
| OWNER NAME: | | | | | | | | | | CONTACT NAME (if different): | | | | | | | | | |
| OWNER TELEPHONE: | | | | OWNER CELL PHONE: | | | | | | CONTACT TELEPHONE: | | | | CONTACT CELL PHONE: | | | | | |
| MAILING ADDRESS: | | | | | | | | | | DEER LOCATION (if different): | | | | | | | | | |
| CITY/ STATE / ZIP: | | | | | | | | | | CITY/ STATE / ZIP (if different): | | | | | | | | | |
| TOWN: | | | | | | COUNTY: | | | | TOWN: | | | | | | | | COUNTY: | |
| SECTION: | | | | | | FIRE NUMBER: | | | | SECTION: | | | | | | | | FIRE NUMBER: | |
| **HERD INFORMATION** | | | | | | | | | | | | | | | | | | | |
| Number of acres fenced for deer: | | | | | | | Other separately registered herds at this location? | | | | | | | | | Yes  No | | | |
| If yes, what is the registration number(s) of the other herd(s)? | | | | | | | | | | | | | | | | | | | |
| Have you had an inspection conducted by the department to determine whether there is medically significant separation? | | | | | | | | | | | | | | | | | Yes  No | | |
| If you have White-tailed deer in this herd, what is your WDNR fencing certificate number for the hunting preserve? | | | | | | | | | | | | | | | | | | | |
| When was your fencing certificate issued? | | | | | | | | | | How many acres does it show? | | | | | | | | | |
| *Please provide an estimate of the farm-raised deer population on the hunting preserve premises by species, age and sex. (Attach additional sheets if needed for additional species)* | | | | | | | | | | | | | | | | | | | |
| **SPECIES:** | | | | | | | | | | **SPECIES:** | | | | | | | | | |
| **FAWNS:** | | MALE |  | | FEMALE | | | |  | **FAWNS:** | MALE |  | | | | | FEMALE | |  |
| **YEARLINGS:** | | MALE |  | | FEMALE | | | |  | **YEARLINGS:** | MALE |  | | | | | FEMALE | |  |
| **ADULTS:** | | MALE |  | | FEMALE | | | |  | **ADULTS:** | MALE |  | | | | | FEMALE | |  |

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| *List each type of identification and each associated identification number for each farm-raised deer on the hunting preserve premises that bears any attached or implanted identification (make additional copies of this page as needed).* | | | |
| **#** | **SPECIES** | **SEX** | **IDENTIFICATION** |
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| **SIGNATURE(S)** | | |
| I (We) certify that the above information in this application is correct, and that I (we) are familiar with the Wisconsin statutes and administrative code applicable to keepers of farm-raised deer and farm-raised deer hunting preserves in Wisconsin.  *Applicant(s) or authorized representative of applicant must sign and date below.* | | |
| APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE: | | DATE: |
| PRINT NAME OF PERSON SIGNING: | | |
| TITLE OF PERSON SIGNING: | | |
| APPLICANT OR AUTHORIZED REPRESENTATIVE SIGNATURE: | | DATE: |
| PRINT NAME OF PERSON SIGNING: | | |
| TITLE OF PERSON SIGNING: | | |
| Please enclose a non-refundable fee of **$500**. | | |
| ***ENCLOSE check or money order payable to****:*  Department of Agriculture, Trade and Consumer Protection | ***MAIL payment and application to:***  DATCP  PO Box 93598  Milwaukee, WI 53293-3598 | |

Equal Opportunity Employer