



**Wisconsin Department of Agriculture,
Trade and Consumer Protection**
Division of Animal Health
PO Box 8911, Madison WI 53708-8911
Phone - 608-224-4872 Fax - 608-224-4871

OFFICE USE ONLY
IMPORT PERMIT NUMBER:
DATE ISSUED:
DATE EXPIRES: Thirty days after issued.
SIGNATURE:

CERVID IMPORT PERMIT APPLICATION

(Wis. Admin. Code ATCP 10.07 and 10.55)

INSTRUCTIONS:

1. Complete sections A – E. Items with asterisk “ * ” are required fields.
2. Submit completed application form and certificate of veterinary inspection.
3. Fax to 608-224-4871 or email to DATCPAnimalImports@Wisconsin.gov.
4. Processing hours are Monday-Friday 8AM-4PM Central Time. Call 608-224-4874 with questions. Please allow time for the approval process.

Section A – Certificate of Veterinary Inspection (CVI) & Veterinarian Information

*CVI OR HC NUMBER		*DATE CVI ISSUED
*REQUESTOR NAME (VETERINARIAN OR WI IMPORTER)		*CLINIC NAME
*BUSINESS TELEPHONE	*BUSINESS FAX	*CLINIC BUSINESS ADDRESS / CITY / STATE / ZIP

Section B – Origin & Destination Information

*CONSIGNOR NAME (ORIGIN)	*CONSIGNEE NAME (DESTINATION)
TRADE NAME (DOING BUSINESS AS)	TRADE NAME (DOING BUSINESS AS)
*TELEPHONE NUMBER	*TELEPHONE NUMBER
*ORIGIN ADDRESS	*PHYSICAL DESTINATION ADDRESS
*CITY / STATE / ZIP	*CITY / STATE / ZIP
LIVESTOCK PREMISES CODE	*LIVESTOCK PREMISES CODE

Section C – Shipment Information

HAULER NAME	HAULER TELEPHONE NUMBER
HAULER ADDRESS	HAULER CITY / STATE / ZIP
*SHIPMENT DATE	*NUMBER OF ANIMALS SHIPPED BY CONSIGNOR (BY SEX)
*CERVID TYPE(S)	

Section D – Negative Test Results

*BRUCELLOSIS CERTIFIED HERD NUMBER	*(OR) BRUCELLOSIS INDIVIDUAL TEST DATE BLED & RESULTS	
*TB ACCREDITATION NUMBER (OR)	* TB WHOLE HERD TEST DATE & RESULTS	* LAST INDIVIDUAL TB TEST DATE (MICHIGAN)

Section E – Chronic Wasting Disease Herd Status

*BEGINNING CWD HERD STATUS DATE

Section F – Signature & Date

*APPLICANT SIGNATURE (VETERINARIAN OR WI IMPORTER)	*APPLICATION DATE
--	-------------------