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| AH-CD-101.docx (rev 03/2017) |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Animal Health, P.O. Box 8911, Madison, WI 53708-8911Phone: 608-224-4872 Fax: 608-224-4871 |
| SLAUGHTER PLANT: **Mail or FAX 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 or FAX 608-224-4871 |
| Cervid Owner Shipping Permit for Intrastate Slaughter | ss. 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      | FACILITY LICENSE NUMBER      |
| ADDRESS      | ADDRESS      |
| CITY      | STATE   | ZIP CODE      | CITY      | STATE   | Zip CODE      |
| PREMISES CODE      | PREMISES CODE      |

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| ANIMALS TO BE MOVED IN THIS SHIPMENT |
| # | Official Identification | Other ID or Dead Tag | Species | Age | Sex | # | Official Identification | Other ID or Dead Tag | Species | Age | Sex |
| 1 |       |       |       |     |    | 9 |       |       |       |     |    |
| 2 |       |       |       |     |    | 10 |       |       |       |     |    |
| 3 |       |       |       |     |    | 11 |       |       |       |     |    |
| 4 |       |       |       |     |    | 12 |       |       |       |     |    |
| 5 |       |       |       |     |    | 13 |       |       |       |     |    |
| 6 |       |       |       |     |    | 14 |       |       |       |     |    |
| 7 |       |       |       |     |    | 15 |       |       |       |     |    |
| 8 |       |       |       |     |    | 16 |       |       |       |     |    |

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| WARNING TO OWNER / SHIPPER: CERVIDS MUST BE DELIVERED TO NAMED SLAUGHTER FACILITY ONLY. |
| [ ]  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 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.Check one of the following:[ ]  My herd is enrolled in the CWD Herd Status Program and has less than 5 years of status, I must test all of the animals 12 months of age and older.[ ]  My herd is enrolled in the CWD Herd Status Program and has 5 years or more of status, I must test 25% of animals 12 months of age and older.[ ]  My herd is not enrolled in the CWD Herd Status Program, I must test 25% of animals 16 months and older. |
| OWNER SIGNATURE:  |       | DATE OF SHIPMENT: |       |
| **NOTE:** Owner must retain a copy of this completed form for at least 5 years. |

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| 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: |       |
| [ ]  A post-mortem examination of the above-listed animal(s) revealed no significant abnormalities. |
| [ ]  A post-mortem examination of the above-listed animal(s) revealed the following abnormalities: (attach report if needed)       |
| NAME of authorized agent (state meat inspector, federal meat inspector or representative of slaughter facility).      | TITLE      |
| SIGNATURE | DATE |
|       |       |
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Personal information you provide may be used for purposes other than that for which it was originally collected – sec.15.04 (1)(m), Wis. Stats. Equal Opportunity Employer