

STATE OF IDAHO
ANNUAL DOMESTIC CERVIDAE ASSESSMENT FORM
DUE BY JANUARY 1

Owner/Agent: _____
 Facility Name: _____
 Facility Address: _____
 Mailing Address: _____
 Phone number: _____
 Email: _____

Number of animals present at facility on December 31:

	Elk	Fallow Deer	Reindeer
Adult Males:	_____	_____	_____
Adult Females:	_____	_____	_____
Calves:	_____	_____	_____
Number of animals imported from another state or province during the year <u>and</u> died or were harvested in the same year:	_____	_____	_____
Total number of animals: (Including imported animals)	_____	_____	_____
Per head fee:	x \$10/head	x \$3/head	x \$3/head
Total Fee:	_____	_____	_____

I give permission to the Idaho State Department of Agriculture to release the name, address, and telephone number of this facility as part of a mailing list or telephone list to any person who may request such a list through the Idaho Public Records Law, Idaho Code § 9-337 *et seq.*

YES NO

I understand that if I withhold permission to release the name, address, and telephone number of this facility, this information will not be released by ISDA as part of a mailing list or telephone list pursuant to Idaho Code § 9-348(1).

_____ Initial

I the undersigned have read the ISDA Rules Governing Domestic Cervidae and understand them. I agree to comply with these rules.

Producer Signature

Date

***Please be sure to include the latest copy of your inventory as required by IDAPA 02.04.19, Rules Governing Domestic Cervidae. We have included three spreadsheets (male, female and fawn) outlining the information needed for your inventory. Please feel free to use these spreadsheets. If you prefer your own template, make sure to include all required information. Inventories received with missing information will be sent back for completion.**

**** New:** ISDA will now be accepting online payments for annual assessment fees. If you wish to pay your fees online, please refer to the document entitled "ISDA Online Payment Set-Up" to guide you through the process of setting up your online account. If you prefer to continue to pay your assessment fees via personal check, please make checks payable to:

Division of Animal Industries
P.O. Box 7249
Boise, Idaho 83707

STATE OF IDAHO
ANNUAL DOMESTIC CERVIDAE MOVEMENT FORM
DUE BY JANUARY 1

Owner/Agent: _____
 Facility Name: _____
 Facility Address: _____
 Mailing Address: _____
 Phone number: _____
 Email: _____

Section A: Number of animal movements (import, export or ownership transfer) since January 1.

	Elk	Fallow Deer	Reindeer
Adult Males:	_____	_____	_____
Adult Females:	_____	_____	_____
Calves:	_____	_____	_____
Total # of Animal Movements	_____	_____	_____
Per head movement fee:	x \$10/head	x \$10/head	x \$10/head
Total Movement Fees:	_____	_____	_____
<i>Less Movement Fees already paid to ISDA at the time of the movement: (if applicable)</i>	▪ _____	▪ _____	▪ _____
Net Movement Fees Due:	_____	_____	_____