

Annual Cervidae Assessment Due January

Date _____

Facility name _____

Owner _____

Address _____

Phone # _____

	Elk	Fallow Deer	Reindeer
Adult Males	_____	_____	_____
Adult Females	_____	_____	_____
Calves	_____	_____	_____
Total	_____	_____	_____
	\$5/hd	X \$3/hd	X \$3/hd
Total Fee	_____	_____	_____

Please Remit to:
Division of Animal Health
P. O. Box 7249
Boise Idaho 83707

Please include the latest copy of your inventory as required by the rules of the State of Idaho.