

**STATE OF IDAHO  
ANNUAL DOMESTIC CERVIDAE ASSESSMENT  
DUE BY JANUARY 1, 2010**

Owner/Agent Name:

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Facility Name:

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Facility Address:

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Mailing Address:

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Phone Number & E-mail:

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	Elk	Fallow Deer	Reindeer
Adult Males:	_____	_____	_____
Adult Females:	_____	_____	_____
Calves:	_____	_____	_____
Total:	_____	_____	_____
	x \$5/head	x \$3/head	x \$3/head
Total Fee:	_____	_____	_____

I the undersigned have read the Idaho State Department of Agriculture Rules Governing Domestic Cervidae and understand them. I agree to comply with these rules.

Owner Signature & Date:

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

Make Check Payable to:  
Division of Animal Industries  
P.O. Box 7249  
Boise, Idaho 83707