

INTRASTATE MOVEMENT OF DOMESTIC CERVIDAE
THIS CERTIFICATE IS FOR INTRASTATE TRANSPORTION OF CERVIDAE SUBJECT TO THE
CONDITIONS AND INSTRUCTIONS IN IDAHO RULES GOVERNING DOMESTIC CERIVADE

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|--|--|---|-----|---|-----------------|--|------------------------|---|
| NAME OF SELLER/OWNER | | | | NAME OF BUYER/RECEIVER | | | | |
| ADDRESS | | | | ADDRESS | | | | |
| PHONE | | | | PHONE | | | | |
| SPECIES <input type="checkbox"/> ELK <input type="checkbox"/> REINDEER <input type="checkbox"/> FALLOW DEER | | VETERINARIANS NAME _____ LAST TB TEST DATE _____ OTHER TEST DATE _____ | | ORIGIN HERD CWD STATUS <input type="checkbox"/> CERTIFIED <input type="checkbox"/> 5 YEARS <input type="checkbox"/> 4 YEARS <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 1 YEAR <input type="checkbox"/> MONITORED | | DESTINATION HERD CWD STATUS <input type="checkbox"/> CERTIFIED <input type="checkbox"/> 5 YEARS <input type="checkbox"/> 4 YEARS <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 2 YEARS <input type="checkbox"/> 1 YEAR <input type="checkbox"/> MONITORED | | |
| PERMIT NO. _____ DATE _____ | | | | | | | | |
| LIST TWO (2) OFFICIAL FORMS OF INDIVIDUAL IDENTIFICATION | | | AGE | SEX | TB TEST RESULTS | TEST DATE | OTHER TEST RESULT/DATE | PLEASE CHECK APPLICABLE BOX: <input type="checkbox"/> "THESE CERVIDAE ORIGINATE FROM A HERD IN WHICH THEY HAVE RESIDED FOR AT LEAST ONE (1) YEAR OR INTO WHICH THEY WERE BORN AND NONE OF THE CERVIDAE IDENTIFIED ON THIS CERTIFICATE ARE FROM A CWD EXPOSED, SUSPECT, AFFECTED, SOURCE, POSITIVE, PENDING, TRACE OR ADJACENT HERD. THERE HAS BEEN NO DIAGNOSIS, SIGNS, OR EPIDEMIOLOGICAL EVIDENCE OF CWD IN THIS HERD. THE HERD OF ORIGIN HAS BEEN IN A CWD MONITORING PROGRAM FOR THE PAST YEAR ON JANUARY 1, 2002, FOR THE PAST TWO (2) YEARS ON JANUARY 1, 2003, AND FOR THE PAST THREE (3) YEARS FROM JANUARY 1, 2004, AS CERTIFIED BY THE STATE ANIMAL HEALTH OFFICIAL. RECORDS AND CAUSES OF DEATH FOR THE PAST FIVE (5) YEARS IN THIS HERD SHALL BE MADE AVAILABLE TO THE STATE ANIMAL HEALTH OFFICIAL" <input type="checkbox"/> THESE CERVIDAE ORIGINATE FROM A HERD WHICH HAS BEEN DETERMINED TO HAVE CERTIFIED CWD CERVID HERD STATUS BY THE STATE ANIMAL HEALTH OFFICIAL. RECORDS AND CAUSES OF DEATH FOR THE PAST FIVE (5) YEARS IN THIS HERD SHALL BE MADE AVAILABLE TO THE STATE ANIMAL HEALTH OFFICIAL." |
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SELLER/OWNER SIGNATURE _____ DATE _____ WITHIN (5) FIVE BUSINESS DAYS OF THE DATE OF SHIPMENT A COPY OF THIS INTRASTATE MOVEMENT SHALL BE MAILED OR FAXED TO THE DIVISION OF ANIMAL INDUSTRY, P.O. BOX 7249, BOISE, IDAHO 83707-9985, FAX NUMBER 208-334-4062. DISTRIBUTION: WHITE COPY -STATE OFFICE GREEN COPY - SELLER/OWNER CANARY COPY- BUYER/RECEIVER