



Animal Health Division
West Virginia Department of Agriculture

Kent A. Leonhardt
Commissioner

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Dr. James Maxwell
State Veterinarian

Captive Cervid Specimen for CWD testing/Chain of Custody

Date: _____ Delivered by: _____

WVDA Premise ID: _____

Business name: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____ County: _____

Phone number: _____ Email: _____

SPECIMEN ID: _____ [] head only [] whole animal

Table with 2 columns: Condition of Animal, and checkboxes for General condition (excellent, good, poor, cloudy eyes, hair slipping, tissue discoloration) and Cause of death (found dead, fence injury, killed by dogs, killed/slaughtered, injury from other cervid, shot by client, complications from handling).

comments (I.e. physical condition, lesions, abnormalities, circumstances of death, etc.): _____

Table with 2 columns: WVDA USE ONLY, and fields for Date sample collected, Collected by, Sample ID, Cervid Age by teeth, and Sample(s) collected (obex, retropharyngeal lymph node).

sample comments: _____

Received by: Signature

Printed or Typed Name

Date