



Animal Health Division
West Virginia Department of Agriculture

Kent A. Leonhardt
Commissioner

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Dr. James Maxwell
State Veterinarian

This form must be submitted to the State Veterinarian within 15 days of animal transfer.
Licensee must maintain this record for a minimum period of three years.

Captive Cervid Facility IN-STATE or OUT-OF-STATE Transfer

Proposed transfer dates start: end: Authorization No.:

RECEIVING FACILITY
Captive Cervid Facility Number: Premise ID:
Business name:
Contact Name:
Address:
City: State: Zip:
Phone number: County:
Email:
Physical location:

ORIGIN FACILITY
Captive Cervid Facility Number: Premise ID:
Business name:
Contact Name:
Address:
City: State: Zip:
Phone number: County:
Email:
Physical location:

Table with 7 columns: species, sex, age, unique ID, ear tag, remarks. Rows numbered 1 to 12.

Any captive cervid transported in or out of West Virginia under a Captive Cervid Facility License must be accompanied by this form.
All animals must be marked with an approved permanent marker and tagged with a unique marker visible from 50 yards.

Receiving Facility Signature

Origin Facility Signature

Printed or Typed Name

Date

Printed or Typed Name

Date