



Animal Health Division
West Virginia Department of Agriculture

Kent A. Leonhardt
Commissioner

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Dr. James Maxwell
State Veterinarian

Captive Cervid Facility THROUGH STATE or OUT-OF-STATE Transfer Request

Proposed transfer dates start: _____ end: _____

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

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

APPROVED Import permit number: _____ Date permit issued: _____
(Include copy of permit with this application)

Table with 4 columns: species, number, notes, proposed travel route (by state), proposed travel route (road/interstate). Rows include white tail deer, elk, fallow deer, other.

To be filled out by TRANSFER/SELLER FACILITY
transfer owners name: _____ Transferring vehicle: _____
transfer agent business name: _____ vehicle make: _____ vehicle plate #: _____
address: _____ vehicle model: _____ vehicle color: _____
city: _____ state/zip: _____ trailer plate #: _____ trailer color: _____

This form must be completed and submitted to the WV Department of Agriculture c/o Animal Health Division address listed above.

Only animals originating from facilities with a minimum 60 month CWD monitoring and tuberculosis accredited herds May be transferred through the state of West Virginia. Appropriate documentation may be required upon request.

Signature

Printed or Typed Name

Date