



Animal Health Division
1900 Kanawha Blvd E.
Charleston, WV 25305-0170

Cervid Facility IN-STATE and OUT-OF-STATE or THROUGH STATE Transfer Authorization Request

PROPOSED TRANSFER DATES START: _____ END: _____

RECEIVING FACILITY

Facility License # _____ Email: _____

Business Owner: _____ Address: _____

City: _____ State: _____ Zip: _____ County: _____ Phone: _____

ORIGIN FACILITY

Facility License # _____ Email: _____

Business Owner: _____ Address: _____

City: _____ State: _____ Zip: _____ County: _____ Phone: _____

APPROVAL Permit # _____ Date Permit Issued: _____

(To be filled out by WVDA personnel)

Number of Animals Traveling _____

Proposed Rt of Travel. Please include all roads/interstates. -

To Be filled out by TRANSFERER or SELLER

Transfer Owners Name		Transferring Vehicle	
Transfer Business Name		Vehicle Make	Vehicle Plate#
Address		Vehicle Model	Vehicle Color
City	State/Zip	Trailer Plate#	Trailer Color