



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

REPORT BIRTH OR DEATH TO WV DEPT OF AG WITHIN 15 DAYS

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## Farmed Cervid Birth or Death Record

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Premises Farm ID Number: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

|    | Date | Birth or Death | Species | Sex | Age | Official ID | Farm ID | Remarks |
|----|------|----------------|---------|-----|-----|-------------|---------|---------|
| 1  |      |                |         |     |     |             |         |         |
| 2  |      |                |         |     |     |             |         |         |
| 3  |      |                |         |     |     |             |         |         |
| 4  |      |                |         |     |     |             |         |         |
| 5  |      |                |         |     |     |             |         |         |
| 6  |      |                |         |     |     |             |         |         |
| 7  |      |                |         |     |     |             |         |         |
| 8  |      |                |         |     |     |             |         |         |
| 9  |      |                |         |     |     |             |         |         |
| 10 |      |                |         |     |     |             |         |         |
| 11 |      |                |         |     |     |             |         |         |
| 12 |      |                |         |     |     |             |         |         |
| 13 |      |                |         |     |     |             |         |         |
| 14 |      |                |         |     |     |             |         |         |
| 15 |      |                |         |     |     |             |         |         |
| 16 |      |                |         |     |     |             |         |         |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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