

West Virginia Department of Agriculture
APPLICATION FOR CAPTIVE CERVID FACILITY LICENSE

<p>1. Application Fee</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Class I License \$375.00</td> <td style="width: 50%;">Class II License \$750.00</td> </tr> <tr> <td>◇ Initial License</td> <td>◇ Initial License</td> </tr> <tr> <td>◇ Renewal License</td> <td>◇ Renewal License</td> </tr> </table> <p>2. WV Dept. of Agriculture Premise/Farm Number: _____</p> <p>3. WV Business Registration Number: _____</p> <p>4. FEIN Number: _____</p> <p>5. Applicant's Name: _____</p> <p>6. Business Name: _____</p> <p>7. Address: _____</p> <p>8. City: _____ County: _____</p> <p>9. State: _____ Zip: _____</p>	Class I License \$375.00	Class II License \$750.00	◇ Initial License	◇ Initial License	◇ Renewal License	◇ Renewal License	<p>10. Telephone: _____</p> <p>_____</p> <p>11. Location of Facility or Area: _____</p> <p>_____</p> <p>12. Business Hours: _____</p> <p>_____</p> <p>13. Total number of Cervids by Species:</p> <p style="padding-left: 40px;">Whitetail: _____</p> <p style="padding-left: 40px;">Elk: _____</p> <p style="padding-left: 40px;">Fallow: _____</p> <p style="padding-left: 40px;">Other: _____</p> <p>14. Total Acres (Pen Size): _____</p>
Class I License \$375.00	Class II License \$750.00						
◇ Initial License	◇ Initial License						
◇ Renewal License	◇ Renewal License						

I certify that I am not more than six months in arrears in any child support obligations as outlined in the WV Code, Chapter 48, Article 15. I also certify that I am up-to-date on my Worker's Compensation and Unemployment Security payments to the State. I agree to abide by the terms and conditions of my license.

Signature: _____ Date: _____

Mail this application, a signed release of information form, copies of a map, and WV Business License along with a check or money order in the correct amount made payable to:

West Virginia Department of Agriculture, 1900 Kanawha Blvd E, Charleston, WV 25305.

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature: _____	Date: _____
	WVDA Animal Health Inspector	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Signature: _____	Date: _____
	West Virginia State Veterinarian	

Although the West Virginia Department of Agriculture will not unilaterally distribute, disseminate or otherwise release information the applicant does not wish to be made public, applicant acknowledges and understands that WVDA is a public agency of State government and may be obligated to release some or all of the information related to this application pursuant to West Virginia Supreme Court case precedent, the West Virginia Freedom of Information Act, West Virginia Code 29B-1-1et seq., or other applicable law and lawful judicial process.

CAPTIVE CERVID FACILITY LICENSE INSTRUCTIONS

Use this form to apply for a Captive Cervid Facility License. Fill in each item completely.

1. Check **Initial License** if this application is for a new facility license, otherwise check **Renewal License**.
2. Enter West Virginia Department of Agriculture Premise/Farm identification number. (If you do not have a number, please contact the West Virginia Department of Agriculture at 304-558-2214.)
3. Enter your West Virginia Business Registration Number.
4. Enter your Federal Employee Identification Number (FEIN).
5. Enter applicant's name. This is the name of a contact person responsible for the license.
6. Enter the registered business name of the Captive Cervid Facility.
7. Enter the mailing address for the Captive Cervid Facility.
8. Enter the city for the business address and the county location.
9. Enter the state and the zip code.
10. Enter the telephone number(s) for the person listed in item 5.
11. Describe the location of the facility (for example, GPS driving directions).
12. Enter the business hours for the contact person.
13. Enter the total number of cervids in captive pen by species.
14. Signature and date the application is submitted.

Mail this application, a signed release of information form, copies of a map, and WV Business License along with a check or money order in the correct amount made payable to:

West Virginia Department of Agriculture, 1900 Kanawha Blvd E, Charleston, WV 25305.

West Virginia Department of Agriculture

APPLICATION FOR CAPTIVE CERVID FACILITY LICENSE ADDITIONAL INFORMATION

(To be submitted with original application)

(Use additional blank pages if necessary)

What method do you propose to flush wild cervids from enclosed cervid pen?

How will you verify that all wild cervids have been removed?

What bio-security measures will be utilized to prevent contamination of captive herd and surrounding wildlife?

Describe the type of record keeping system to be used?

West Virginia Department of Agriculture

CAPTIVE CERVID BIRTH or DEATH RECORD

REPORT BIRTH OR DEATH TO THE STATE VETERINARIAN WITHIN 15 DAYS

1. Captive Cervid Facility License #:

3. Business Name: _____

2. WV Dept. of Agriculture Premise ID#:

4. Address: _____

5. City: _____

6. State: _____

7. Zip: _____

8. Telephone: _____

	Date	Birth/ Death	Species	Sex	Age	Unique ID	Ear Tag	Remarks
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								

Signature:

Date:

CAPTIVE CERVID BIRTH OR DEATH RECORDS INSTRUCTIONS

All facilities are required to report births and deaths of all captive cervids to the West Virginia Department of Agriculture (WVDA). Enter information for the facility in the top of the form and fill in the records at the bottom of the form for each animals birth or death.

1. Enter the Captive Cervid Facility license number.
2. Enter the WVDA Premise/Farm identification number for the facility.
3. Enter the business name for the facility.
4. Enter the business address for the facility.
5. Enter city for the facility.
6. Enter state for the facility.
7. Enter zip code for the facility.
8. Enter the business telephone number.
9. Enter the date of birth or death.
10. Record if birth (B) or death (D) of the animal,
11. Enter the species of animal being reported.
12. Enter the sex (M/F) of the animal being reported.
13. Enter the age of the animal being reported.
14. Enter the animals unique ID number.
15. Enter the animal's ear tag number(s).
16. Write and remarks or comments regarding the death or birth of animal.
17. Sign the form.
18. Enter date form was signed.

**Mail completed form to:
West Virginia Department of Agriculture
Animal Health Division
1900 Kanawha Boulevard East
Charleston, WV 25305**

West Virginia Department of Agriculture

CAPTIVE CERVID FACILITY IMPORTATION REQUEST

Proposed Transfer Dates: Start _____ End _____.

Receiving Facility:

1. Captive Cervid Facility License #: _____
2. WV Dept. of Agriculture Premise ID#: _____
3. Business Name: _____
4. Owner Name: _____
5. Address: _____
6. City: _____ County : _____
7. State: _____ Zip: _____
8. Telephone: _____

Origin Facility:

1. Captive Cervid Facility License #: _____
2. Premise ID#: _____ County/Parrish: _____
3. Business Name: _____
4. Owner Name: _____
5. Address: _____
6. City: _____ County : _____
7. State: _____ Zip: _____
8. Telephone: _____
9. Physical Location: _____

	Species	Sex	Age	Unique ID	Ear Tag (color/number)	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Signature: _____

Date: _____

CAPTIVE CERVID FACILITY IMPORTATION REQUEST INSTRUCTIONS

Complete start and end Proposed Dates of Transfer

For the Receiving Facility:

1. Enter Captive Cervid Facility License #.
2. Enter WV Dept. of Agriculture Premise ID#.
3. Enter Business Name.
4. Enter Owner Name.
5. Enter Address.
6. Enter City and County.
7. Enter State and Zip.
8. Enter Telephone contact number.

For the Origin Facility:

1. Enter Captive Cervid Facility License #.
2. Enter Premise ID# and County/Parrish of shipping facility.
3. Enter Business Name.
4. Enter Owner Name.
5. Enter Address.
6. Enter City and County.
7. Enter State and Zip.
8. Enter Telephone contact number.

1. Enter the species of animal being reported.
2. Enter the sex (M/F) of the animal being reported.
3. Enter the age of the animal being reported.
4. Enter the animals unique ID number.
5. Enter the animal's ear tag number(s).
6. Write any applicable remarks or comments.
7. Sign the form.
8. Enter date form was signed.

**Mail completed form to:
West Virginia Department of Agriculture
Animal Health Division
1900 Kanawha Boulevard East
Charleston, WV 25305**

West Virginia Department of Agriculture

INSTATE CAPTIVE CERVID FACILITY TRANSFER

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.

Transfer Dates: Start _____ End _____.

Receiving Facility:

1. Captive Cervid Facility License #: _____
2. WV Dept. of Agriculture Premise ID#: _____
3. Business Name: _____
4. Owner Name: _____
5. Address: _____
6. City: _____ County: _____
7. State: _____ Zip: _____
8. Telephone: _____
9. Signature: _____

Origin Facility:

1. Captive Cervid Facility License #: _____
2. WV Dept. of Agriculture Premise ID: _____
3. Business Name: _____
4. Owner Name: _____
5. Address: _____
6. City: _____ County: _____
7. State: _____ Zip: _____
8. Telephone: _____
9. Signature _____

	Species	Sex	Age	Unique ID	Ear Tag (color/number)	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Any captive cervid transported in 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.

INSTATE CAPTIVE CERVID FACILITY TRANSFER INSTRUCTIONS

THIS FORM MUST BE SUBMITTED TO THE STATE VETERINARIAN WITHIN 15 DAYS OF ANIMAL TRANSFER.

Complete start and end Proposed Dates of Transfer

For the Receiving Facility:

1. Enter Captive Cervid Facility License #.
2. Enter WV Dept. of Agriculture Premise ID#.
3. Enter Business Name.
4. Enter Owner Name.
5. Enter Address.
6. Enter City and County.
7. Enter State and Zip.
8. Enter Telephone contact number.
9. **Signature of receiving facility owner.**

For the Origin Facility:

1. Enter Captive Cervid Facility License #.
2. Enter Premise ID# and County/Parrish of shipping facility.
3. Enter Business Name.
4. Enter Owner Name.
5. Enter Address.
6. Enter City and County.
7. Enter State and Zip.
8. Enter Telephone contact number.
9. **Signature of origin facility owner.**

1. Enter the species of animal being reported.
2. Enter the sex (M/F) of the animal being reported.
3. Enter the age of the animal being reported.

4. Enter the animals unique ID number.
5. Enter the animal's ear tag number(s).
6. Write any applicable remarks or comments.

**Mail completed form to:
West Virginia Department of Agriculture
Animal Health Division
1900 Kanawha Boulevard East
Charleston, WV 25305**

**Any captive cervid transported in 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.**

West Virginia Department of Agriculture

APPLICATION FOR CAPTIVE CERVID TRANSFER AUTHORIZATION THROUGH-STATE TRANSFER REQUEST

Transfer Dates: Start _____ End _____.

Origin Facility:

1. Captive Cervid Facility License #: _____
2. County/Parrish of Destination Facility: _____
3. Business Name: _____
4. Owner Name: _____
5. Address: _____
6. City: _____ County: _____
7. State: _____ Zip: _____
8. Telephone: _____

Destination Facility:

1. Captive Cervid Facility License #: _____
2. County/Parrish of Origination Facility: _____
3. Business Name: _____
4. Owner Name: _____
5. Address: _____
6. City: _____ County: _____
7. State: _____ Zip: _____
8. Telephone: _____

Species	Number	Notes:	Proposed Travel Route State	Proposed Travel Route Road/Highway/Interstate	
White Tail Deer					
Elk					
Fallow Deer					
Other					

To be filled out by Transfer Agent

Transfer Owner Name: _____

Transfer Agent Business Name: _____

Address: _____

City, State, Zip: _____

If overnight stop/stay is planned in West Virginia, list date and location: _____

Transferring Vehicle:

Make: _____ Model: _____ Color: _____

Plate #: _____ Trailer Plate #: _____ Color: _____

Date: _____ Location: _____

**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: _____

Date: _____

CAPTIVE CERVID TRANSFER AUTHORIZATION THROUGH-STATE TRANSFER REQUEST INSTRUCTIONS

Complete start and end Proposed Dates of Transfer

For the Origin Facility:

1. Enter Captive Cervid Facility License #.
2. Enter Premise ID# and County/Parrish of shipping facility.
3. Enter Business Name.
4. Enter Owner Name.
5. Enter Address.
6. Enter City and County.
7. Enter State and Zip.
8. Enter Telephone contact number.

For the Receiving Facility:

1. Enter Captive Cervid Facility License #.
2. Enter WV Dept. of Agriculture Premise ID#.
3. Enter Business Name.
4. Enter Owner Name.
5. Enter Address.
6. Enter City and County.
7. Enter State and Zip.
8. Enter Telephone contact number.

Enter species to be transported and number of each.

Enter proposed travel routes. Identify states to be traveled and roads that will be utilized.

Enter Transfer Agent/Shipper information. Complete all sections.

Enter signature of transfer agent and date form is signed.

**Mail completed form to:
West Virginia Department of Agriculture
Animal Health Division
1900 Kanawha Boulevard East
Charleston, WV 25305**

**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.**

West Virginia Department of Agriculture
APPLICATION FOR CAPTIVE CERVID TRANSFER AUTHORIZATION
OUT OF STATE TRANSFER REQUEST

Transfer Dates: Start _____ End _____.

Origin Facility:

1. Captive Cervid Facility License #: _____
2. County/Parrish of Destination Facility: _____
3. Business Name: _____
4. Owner Name: _____
5. Address: _____
6. City: _____ County : _____
7. State: _____ Zip: _____
8. Telephone: _____

Destination Facility:

1. Captive Cervid Facility License #: _____
2. County/Parrish of Origination Facility: _____
3. Business Name: _____
4. Owner Name: _____
5. Address: _____
6. City: _____ County : _____
7. State: _____ Zip: _____
8. Telephone: _____

APPROVED Import Permit Number: _____
 (Include copy of permit with this application)

Date permit issued: _____

Species	Number	Notes:	Proposed Travel Route State	Proposed Travel Route Road/Highway/Interstate
White Tail Deer				
Elk				
Fallow Deer				
Other				

To be filled out by Transfer/Seller Captive Cervid Facility		Transferring Vehicle:	
Transfer Owner Name:	Make:	Model:	Color:
Transfer Agent Business Name:	Plate #:	Trailer Plate #:	Color:
Address:			
City, State, Zip:			

**Submit completed application and copy of approved permit to the
 West Virginia Department of Agriculture, Animal Health Division, 1900 Kanawha Boulevard East, Charleston, WV 25305**

Signature: _____ Date: _____

CAPTIVE CERVID TRANSFER AUTHORIZATION OUT OF STATE TRANSFER REQUEST INSTRUCTIONS

Complete start and end Proposed Dates of Transfer

For the Origin Facility:

1. Enter Captive Cervid Facility License #.
2. Enter Premise ID# and County/Parrish of shipping facility.
3. Enter Business Name.
4. Enter Owner Name.
5. Enter Address.
6. Enter City and County.
7. Enter State and Zip.
8. Enter Telephone contact number.

For the Receiving Facility:

1. Enter Captive Cervid Facility License #.
2. Enter WV Dept. of Agriculture Premise ID#.
3. Enter Business Name.
4. Enter Owner Name.
5. Enter Address.
6. Enter City and County.
7. Enter State and Zip.
8. Enter Telephone contact number.

Enter species to be transported and number of each.

Enter proposed travel routes. Identify states to be traveled and roads that will be utilized.

Enter Transfer Agent/Shipper information. Complete all sections.

Enter signature of transfer agent and date form is signed.

Submit completed application and copy of approved permit to:

West Virginia Department of Agriculture

Animal Health Division

1900 Kanawha Boulevard East

Charleston, WV 25305

**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.**

West Virginia Department of Agriculture

APPLICATION FOR CAPTIVE CERVID TRANSFER AUTHORIZATION

Transfer Dates: Start _____ End _____.

Receiving Facility:

1. WVDA Premise ID #: _____
2. Business Name: _____
3. Owner Name: _____
4. Address: _____
5. City: _____ County: _____
6. State: _____ Zip: _____
7. Telephone: _____

Species

Number

Notes:

White Tail Deer

Elk

Fallow Deer

Other

Notes:

List Captive Cervid Facilities of Origin

- WVDA Premise ID #: _____
- Business Name: _____
- Owner Name: _____
- Address: _____
- City: _____
- County: _____
- State: _____
- Zip: _____
- Telephone: _____

**Submit completed application and copy of approved permit to the
West Virginia Department of Agriculture, Animal Health Division, 1900 Kanawha Boulevard East, Charleston, WV 25305**

Signature: _____

Date: _____

APPLICATION FOR CAPTIVE CERVID TRANSFER AUTHORIZATION INSTRUCTIONS

Complete start and end Proposed Dates of Transfer

For the Receiving Facility:

1. Enter WV Dept. of Agriculture Premise ID#.
2. Enter Business Name.
3. Enter Owner Name.
4. Enter Address.
5. Enter City and County.
6. Enter State and Zip.
7. Enter Telephone contact number.

Species:

1. Enter number of each species to be transferred.
2. Enter any applicable notes concerning shipment.

List Captive Cervid Facilities of Origin (Space provided for transfer from multiple facilities).

1. Enter WV Dept. of Agriculture Premise ID#.
2. Enter Business Name.
3. Enter Owner Name.
4. Enter Address.
5. Enter City and County.
6. Enter State and Zip.
7. Enter Telephone contact number.

Sign, date and submit completed application and copy of approved permit to:

**West Virginia Department of Agriculture
Animal Health Division
1900 Kanawha Boulevard East
Charleston, WV 25305**

West Virginia Department of Agriculture

Captive Cervid Specimen for CWD Testing

Date: _____

1. WVDA Premise ID #: _____
2. Business Name: _____
3. Owner Name: _____
4. Address: _____
5. City: _____ County: _____
6. State: _____ Zip: _____
7. Telephone: _____

Species	Cervid Unique Identification	Visible Ear Tag
White Tail Deer	_____	_____
Elk	_____	_____
Fallow Deer	_____	_____
Other	_____	_____

Sex _____

Age _____

Date of Death _____

Specimen: **Head Only** **Whole Animal**

Condition of animal:

General Condition:

<p><input type="checkbox"/> Excellent</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Poor</p>	<p><input type="checkbox"/> Cloudy (white) eyes.</p> <p><input type="checkbox"/> Hair slipping</p> <p><input type="checkbox"/> Tissue discoloration</p>
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Comments: (i.e. physical condition, lesions, abnormalities, circumstances of death, etc.)

Cause of death:

<p><input type="checkbox"/> Found dead, unknown cause</p> <p><input type="checkbox"/> Fence injury</p> <p><input type="checkbox"/> Injury from other deer</p>	<p><input type="checkbox"/> Killed by dogs</p> <p><input type="checkbox"/> Killed slaughtered</p> <p><input type="checkbox"/> Shot by client</p> <p><input type="checkbox"/> Complications from handling</p>
---	--

WVDA USE ONLY	Sample(s) collected:	Sample Comments:
Date sample collected: _____	<input type="checkbox"/> Obex	_____
Collected by: _____	<input type="checkbox"/> Retropharyngeal Lymph Node	_____
Sample ID: _____		_____
Cervid Age by teeth: _____		_____

Received by: Signature: _____ Date: _____

West Virginia Department of Agriculture

Captive Cervid Inspection

1. WVDA Premise ID #: _____
2. Business Name: _____
3. Owner Name: _____
4. Address: _____
5. City: _____ County : _____
6. State: _____ Zip: _____
7. Telephone: _____

1. GPS Coordinates: _____
2. Map/Legend (show dimensions)

1. Captive Cervid Facility License properly displayed? Yes No
2. Main use of cervids:
 - Breeding Stock
 - Sell to Shooting Preserve
 - Pets
 - Antlers for sale
 - Urine/Lure Collection
 - Hunting
 - Other

1. Adequate shelter and bedding? Yes No
2. Clean Free Water? Yes No
3. Wholesome palatable food? Yes No
4. Acceptable feces and waste disposal? Yes No

5. Date of last examination of animals by WV Licensed Veterinarian: _____ Name of Veterinarian: _____

6. Are all animals properly tagged? Yes No Accurate and current records? Yes No

7. Does facility meet fencing requirements as specified in ?????? Yes No

Minimum height 8 feet for elk, 10 feet for all other cervids

12.5 gauge high tensile woven wire with locking knots and 6 inch square grid

Minimum size = 5,000 sq. ft. for first animal and 1250 sq. ft. for each additional animal

Comments:

Inspected by :

Date of Inspection: _____

West Virginia Department of Agriculture

Captive Cervid Specimen—Chain of Custody

Date: _____

Delivered by: _____

1. WVDA Premise ID #: _____
2. Business Name: _____
3. Owner Name: _____
4. Address: _____
5. City: _____ County: _____
6. State: _____ Zip: _____
7. Telephone: _____

Species	Cervid Unique Identification	Visible Ear Tag
White Tail Deer	_____	_____
Elk	_____	_____
Fallow Deer	_____	_____
Other	_____	_____
Sex _____		
Age _____		
Date of Death _____		

Specimen: SPECIMEN ID# _____

Head Only Whole Animal

Condition of animal:

General Condition:

- | | |
|-------------|------------------------|
| ◇ Excellent | ◇ Cloudy (white) eyes. |
| ◇ Good | ◇ Hair slipping |
| ◇ Poor | ◇ Tissue discoloration |

Comments: (i.e. physical condition, lesions, abnormalities, circumstances of death, etc.)

Cause of death:

- | | |
|-----------------------------|-------------------------------|
| ◇ Found dead, unknown cause | ◇ Killed by dogs |
| ◇ Fence injury | ◇ Killed slaughtered |
| ◇ Injury from other deer | ◇ Shot by client |
| | ◇ Complications from handling |

WVDA USE ONLY

Date sample collected: _____
 Collected by: _____
 Sample ID: _____
 Cervid Age by teeth: _____

Sample(s) collected:

- ◇ Obex
- ◇ Retropharyngeal Lymph Node

Sample Comments:

Received by: Signature: _____

Date: _____

