



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

THIS FORM MUST BE RECEIVED BY WVDA WITHIN 15 DAYS ONCE THE TRANSFER IS COMPLETED

Farmed Cervid Facility IN-STATE or OUT-OF-STATE CONFIRMATION SHEET

PROPOSED TRANSFER DATES START: _____ END: _____ AUTHORIZATION# _____

RECEIVING FACILITY

Facility License # _____ Email: _____

Business Owner: _____ Address: _____

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

Signature: _____ Printed Name: _____ Date: _____

ORIGIN FACILITY

Facility License # _____ Email: _____

Business Owner: _____ Address: _____

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

Signature: _____ Printed Name: _____ Date: _____

	Species	Sex	Age	Official ID	Farm Tag	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
12						
13						
14						