

**ANNUAL HERD SURVEY**  
**CWD CERTIFIED MONITORED HERDS**

Illinois Department of Agriculture  
Bureau of Animal Health and Welfare  
P.O. Box 19281  
Springfield, IL 62794-9281  
217/782-4944 • 217/558-6033 (fax) • Email AGR.BAHW@Illinois.gov

Owner's Name \_\_\_\_\_ Herd Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Address City State Zip Code

Herd Location Address (check box if same as mailing address) ☐

Address City State Zip Code

Telephone Number(s) \_\_\_\_\_

County \_\_\_\_\_ Email address \_\_\_\_\_

CWD Herd Number(s) \_\_\_\_\_

Premises Identification Number (PIN) \_\_\_\_\_

☐ Brucellosis Certified

☐ TB Accredited

Premises location (GIS or detailed description) \_\_\_\_\_

Species (elk, whitetail, fallow, sika, etc. be specific) \_\_\_\_\_

**Purchased Additions (Since Last Inventory)**

Seller Name	Seller Address	Approved, Official ID	Date of Purchase	Permit #

**Important notice:**

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 8 IL Reg. 85.120. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center.

IL406-1640 Rev 07/14

**Disposition of Animals No Longer in the Herd (Change of Ownership Since Last Inventory) \***

Buyer Name	Buyer Address	Approved, Official ID	Date of Sale	Permit #

\*Attach documentation of all interstate movement

**Mortalities: PLEASE NOTE FAILURE TO SUBMIT SAMPLES MAY RESULT IN REDUCTION OF STATUS, NECESSITY OF EQUIVALENT TEST OR SUSPENSION OF STATUS**

Approved, Official ID	Date of Death	Submitted for CWD Testing	Too young To test/age	Laboratory	Accession #/comments
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		
		<input type="checkbox"/>	<input type="checkbox"/> _____		

**Animal Inventory****\*\*check box if new to herd since last annual survey and mark NA or PA**

	Approved, Official ID	Other ID	Date of Birth	Sex	N.A.- Natural P.A.- Purchased **	If N.A., - Dam ID
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	
					<input type="checkbox"/> New to herd <input type="checkbox"/> N.A. <input type="checkbox"/> P.A.	

Total Number Animals \_\_\_\_\_ Species \_\_\_\_\_

**Failure to submit paperwork required may result in a loss of status.****Owner's Statement**

I certify that the inventory contained herein is accurate and complete and the identification of the inventoried animals is in accordance with section 85.120 of the Illinois Diseased Animals Act Regulations. I understand that every three years, a physical inventory of the herd must be conducted which includes reading the official identification in each animal and confirming the identification with the herd records. I further understand that inaccuracies in this inventory may affect the CWD status of the cervidae in my possession.

**Veterinarian's Statement**

I certify that I am licensed and accredited in Illinois and that I have conducted this inventory of all animals in this herd. I have reviewed the herd records and compared them with the identification in the animals and find the inventory to be accurate and complete. Physical inventories must include reading the official identifier in each animal and verifying it against the herd records.

This is an Annual Inventory ☐This is a Physical Inventory ☐  
(Conducted every three years)\_\_\_\_\_  
Owner's Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Veterinarian's Name (Print)\_\_\_\_\_  
Veterinarian's Signature\_\_\_\_\_  
Address\_\_\_\_\_  
City State Zip Code

**\*\*check box if new to herd since last annual survey and mark NA or PA**

[illegible]

### **Purchased Additions (Since Last Inventory) Continued**

[illegible]

## Disposition of Animals No Longer in the Herd (Change of Ownership Since Last Inventory) \* Continued

[illegible]

\*Attach documentation of all interstate movement