

INTERSTATE MOVEMENT OF WILD CERVIDS BETWEEN

(State of origin) _____ **AND (Receiving State)** _____

The purpose of this document is to indicate the review and agreement by the State of origin _____, the receiving State _____, and their respective state agencies having authority for wild cervids; and the USDA Animal and Plant Health Inspection Service (APHIS), in accordance with the Chronic Wasting Disease (CWD) rule - 9 CFR Part 81.3(b), that the summary statement and supporting documentation provided by (State of origin) _____, from which wild cervids will be obtained for this interstate movement, are from a source population documented to be low risk to CWD based on the information provided.

Further, and as applicable, that the wild cervids to be translocated either (check appropriate box):

Meet the bovine tuberculosis testing requirements for interstate movement of captive/ wild cervids in accordance with 9 CFR Parts 77.20 and 77.27, **OR**

The States have requested and received from APHIS a waiver of the bovine tuberculosis testing requirements for interstate movement of the captive /wild cervids in accordance with 9 CFR Part 77.38.

In addition, each of the cervids captured from this wild population for interstate movement and release must have two forms of animal identification, one of which is USDA official animal identification, in accordance with 9 CFR Part 81.3(b).

STATE of ORIGIN/ AGENCY:

SIGNATURE: _____ DATE: _____
NAME/TITLE: _____ State Veterinarian

STATE of ORIGIN/ AGENCY:

SIGNATURE: _____ DATE: _____
NAME/TITLE: _____ Wildlife Veterinarian

RECEIVING STATE/AGENCY:

SIGNATURE: _____ DATE: _____
NAME/ TITLE: _____ State Veterinarian

RECEIVING STATE/AGENCY:

SIGNATURE: _____ DATE: _____
NAME/ TITLE: _____ Wildlife Veterinarian

USDA APHIS VETERINARY SERVICES

SIGNATURE: _____ DATE: _____
NAME/TITLE: _____

Cc: VS – ADD, _____

Cc: VS – ADD, _____

