Cervid Death Loss Report
Identify All Losses in Past Five Years

Herd name: _____ Herd owner name: _____ Date: _____

Official ID	Secondary ID	Other ID	Species	Sex	Date of Birth	Herd Entry Date	Herd of Origin	City of Origin	Date Died	Cause of Death	Brain Submit Date	Laboratory	CWD Test Result	If No CWD Test Results Explain

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