



KENTUCKY
 DEPARTMENT OF
AGRICULTURE
 OFFICE OF STATE VETERINARIAN

502-573-0282
 WWW.KYAGR.COM

DECEASED ANIMAL REPORT

Per 302 KAR 22:150 all cervid that have died or been harvested shall be reported.

Owner _____

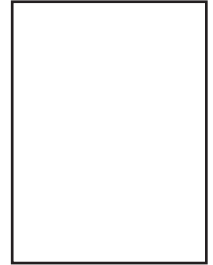
Primary ID #	Secondary ID #	Age	Sex	Date Died	Sample submitted to/on: *

IMPORTANT: Report above information IMMEDIATELY

* Name of the approved lab you sent the sample to, and the date submitted.

FOR OFFICE USE ONLY: Premises ID _____

RETURN ADDRESS:



**KENTUCKY DEPARTMENT OF AGRICULTURE
OFFICE OF THE STATE VETERINARIAN
109 CORPORATE DRIVE
FRANKFORT, KY 40601**