



**Cervid Chronic Wasting Disease Surveillance Identification (CCWDSI)**

**RETAG FORM**

(Must be mailed or faxed within 10 days after retagging animal)

Owner/Manager Name: \_\_\_\_\_

Business/Trade Name: \_\_\_\_\_

Species of Cervid: \_\_\_\_\_ Number in herd: \_\_\_\_\_

	<b>OLD Official ID</b>	<b>Newly Replaced Official ID</b>	<b>OLD Farm Tag</b>	<b>Newly Replaced Farm Tag</b>
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