

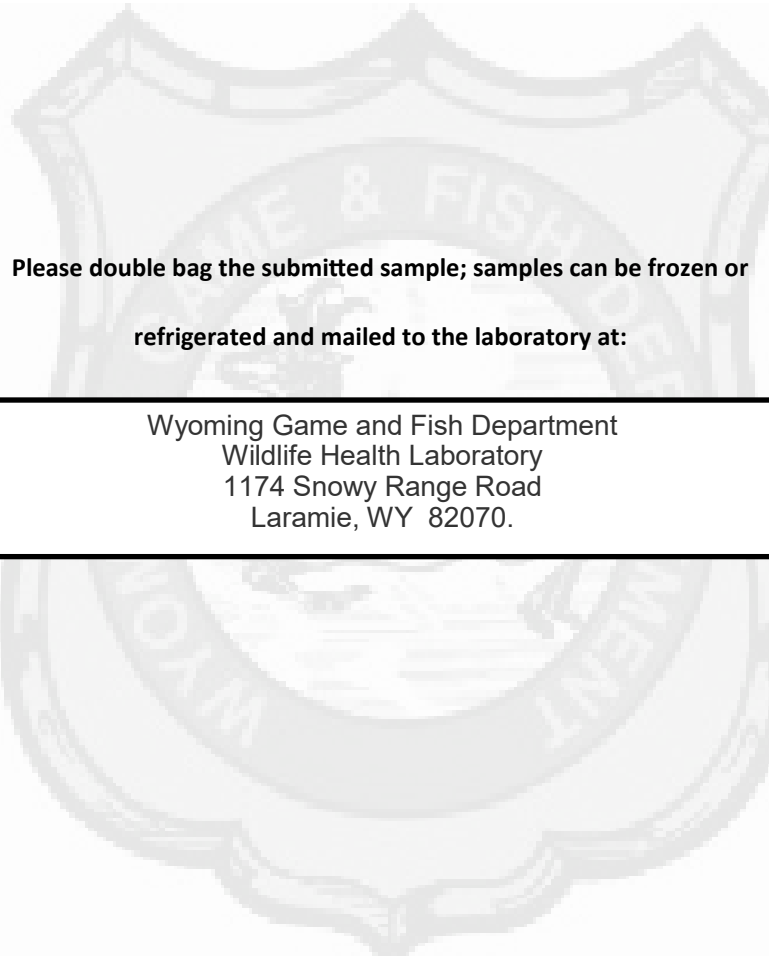
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Wyoming Game and Fish CWD Surveillance

Must fill out all sections of form



Hunter	License #: _____ Name: _____ Zip: _____ Address: _____ Phone #: (____) _____ - _____ DOB: ____/____/____ Email: _____ Do NOT notify with results <input type="checkbox"/>
Harvest	Date harvested: ____/____/____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Species: <input type="checkbox"/> Mule Deer <input type="checkbox"/> White-tailed <input type="checkbox"/> Elk <input type="checkbox"/> Moose Field age: <input type="checkbox"/> 2+ <input type="checkbox"/> 3-5 <input type="checkbox"/> 5-7 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10+ If unknown <input type="checkbox"/> J <input type="checkbox"/> Y <input type="checkbox"/> A
Location	Hunt area #: _____ <i>*Must provide a mappable location to be tested, i.e. UTM, lat/long, TRS, landmarks*</i> Location description: _____ _____
Sample	Date sampled: _____ Sampled by: _____ Sample type: <input type="checkbox"/> Retro Lymph Node <input type="checkbox"/> Obex <input type="checkbox"/> Tonsil Surveillance type: <input type="checkbox"/> Hunter kill <input type="checkbox"/> Roadkill <input type="checkbox"/> Targeted <input type="checkbox"/> Other Explain targeted & other: _____ _____



Please double bag the submitted sample; samples can be frozen or refrigerated and mailed to the laboratory at:

Wyoming Game and Fish Department
Wildlife Health Laboratory
1174 Snowy Range Road
Laramie, WY 82070.