

Wyoming Game and Fish  
CWD Surveillance

*\*Must fill out all sections of form\**



<b>Hunter</b>	License #: _____ Name: _____ Address: _____ Zip: _____ Phone #: (____) _____ - _____ DOB: ____/____/____ Email: _____ Do NOT notify with results <input type="checkbox"/>
<b>Harvest</b>	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 Age: <input type="checkbox"/> J <input type="checkbox"/> Y <input type="checkbox"/> A If age known: <input type="checkbox"/> 2+ <input type="checkbox"/> 3-5 <input type="checkbox"/> 5-7 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10+
<b>Location</b>	Hunt area #: _____ Location description: ( <i>Must provide a mappable location to be tested</i> ) _____ _____
<b>Sample</b>	Date sampled: _____ Sampled by: _____ Sample type: <input type="checkbox"/> 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: _____ _____