



Wyoming Game and Fish CWD Surveillance

Must fill out all sections of form



Hunter	License #: _____ Name: _____ Phone #: (____) _____ - _____ DOB: ____/____/____ Email _____
Harvest	Date harvested: ____/____/____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Species: <input type="checkbox"/> Mule Deer <input type="checkbox"/> White-tailed Deer <input type="checkbox"/> Elk <input type="checkbox"/> Moose Age: <input type="checkbox"/> Juvenile <input type="checkbox"/> Yearling <input type="checkbox"/> Adult
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"/> CWD Suspect/Found Dead <input type="checkbox"/> Other Explain found dead & other: _____ DONATION <input type="checkbox"/> Comments: _____ _____