Top **10** Tips for **Properly** Completing a Farm-Raised Deer Certificate of Veterinary Inspection (CVI)

The most important thing to remember is that the certificate of veterinary inspection (CVI) MUST BE COMPLETED Federal **COMPLETE STREET PROPERLY** in order to comply with state and federal rules. Failure to comply may result in extra costs incurred at regulations state ADDRESSES OF THE the destination and disciplinary action for you as the veterinarian, your clients, and/or the destination. that you have 7 **ORIGIN AND** Call 608-224-4874 if you need assistance. **DAYS TO SUBMIT DESTINATION PREMISES** must be **COPIES OF THE CVI to our** written on the CVI. Animals cannot be department AND to the state of sent from or to Post Office Boxes. 35 -N-2 (rev 04/2014) Page destination. SUBMIT ORIGINAL WITHIN 7 DAYS AFTER ISSUE TO. WISCONSIN INTERSTATE Department of Agriculture, Trade and Consumer Protection SICATE OF VETERINARY INSPECTION Division of Animal Health PREMISES CODES must be te Cervid Movement) P.O. Box 8911, Madison, WI 53708-8911 Ch. ATCP 10, v PLEASE PRINT LEGIBLY de Ch 95 Wis Stats Phone: 608-224-4872 Fax: 608-224-4871 written on the CVI for SHIPMENT DATE ORIGIN OF SHILE NT: GARM DEALER SHIPMENT IMPORT DEDMIT NUMBER ARKET / NAME both the seller and buyer. must be within 30 WNER OR CONSIGNOR GNEE OR DESTINATION RECONSIGNEE AT PUBLIC SALE RECONSIGNEE NAME days of the GIN STREET ADDRESS DESTINATION STREET ADDRESS RECONSIGNEE STREET ADDRESS inspection date. DESTINATION CITY / STATE / 70 CITY / STATE / ZIF PREMISES REGISTRATION NO OWNER MAIL ORESS / CITY / STATE / ZI THAN DESTINATION MAILING ADDRESS / CITY / STATE / ZIP (IF DIFFERENT THA Be sure to include full ABOVE) ETERINARIAN SIGNATUR PHONE NUMBER MISES REGISTRATION NO. PHONE NUMB REMISES REGISTRATION NO HERD STATUS NUMBERS VET. LIC. NO. PHONE NO. For farm raised deer, CHRONIC HERD STATUS SPECIES NUMBER IN Sale veterinarian is responsible for meeting state of destination / other movement requirements) LAST TEST DATES AND SHIPMENT: HAULER INFORMATION (IF OTHER THAN CONSIGNEE) DISEASE HERD NUMBER DATE WASTING DISEASE STATEMENTS CATTLE POULTR CWD START DATES. ACCREDITED TB HERD PURPOSE OF MOVEMENT CAMELID SHEEP must be included on AULER ADDRES QUALIFIED TB HERD CERVIDAE SWINE □ BREEDING □ EXHIBITION/COMPETITION GOAT OTHER FEEDING MEDICAL TREATMENT CITY / STATE / CERVIDAE CWD STATUS the CVI. You must SALE SLAUGHTER T HORSE AULER PHONE NO. BRUCELLOSIS/OTHER TRAINING □ OTHER include statements All cervids must have LABORATOR UBERCULOSIS BRUCELLOSIS FIA OTHER TEST WVDL Madison WVDL Barron
Other: INDIVIDUAL ANIM TYPE OF TEST: OFFICIAL IDENTIFICATION SECONDARY ID PRRS TYPE OF TEST 1) affirming **OFFICIAL INDIVIDUAL** YPE OF TEST TYPE OF TEST TATTOO, PLASTIC TAG DESCRIPTION, ETC. RFID NUMBER, USDA EARTAG, AMERIC/ SEX AGE OCV DATE INJECTED DATE BLED TEST RESULT DATE BLED TEST RESULT DATE TEST RESULT DATE TEST RESULT BREED TEST RESULT separation from wild **IDENTIFICATION** and deer known to be infected with should also include a CWD, 2) that herd of origin has unique herd identifier. Ensure the ID shown no clinical signs of CWD in recorded on the CVI corresponds to the 12 months, and 3) that all cervids ID of each animal in the shipment. originated from a CWD herd Contact the state of destination status enrolled herd and have at regarding ID requirements. If you are least 5 years of status. unsure which type of ID is correct, please consult our Official Identification N: I certify as a veterinarian, accredited and certified by the State of Wisconsin, that the described animal(s) have been inspected by me and that they are not showing any signs of infectious, contagious and/or communicable Reference Deck for assistance found at tisease (except where noted). The vaccinations and results of tests are as indicated on this certificate. To the best of my knowledge, the animal(s) listed on this certificate meet the state of destination and Federal interstate requirements. N According to federal warranty is made or implied CCRED / LIC VETERINARIAN SIGNATURE DATE INSPECTED OWNER / AGENT STATEMENT: I certify the animal(s) datcp.wi.gov. n this shipment are as listed on this certificate rule, CVIs MUST BE DATE CVI ISSUED WNER / AGENT SIGNATURE ETERINARIAN'S PRINTED NAM FED. ACCRED. NO HONE NUMBER EMAIL ADDRESS **ISSUED WITHIN 10** mation you provide may be used for purposes other than that for which it was originally collected - sec. 15.04(1)(m), Wis. Stats. Equal Opportunity Emplo **DAYS OF THE** FORM DISTRIBUTION: WHITE (WI State Veterinarian), CANARY (State Veterinarian of destination), PINK (accompany shipment), GOLDENROD (retained by issuing veterinarian) **INSPECTION** date and are current for 30 days from the exam date. If more than one person completes the certificate of veterinary inspection (CVI), there MUST BE AN

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INDICATION OF WHO ALSO WROTE ON THE FORM.