



Ministry of Agriculture
 Plant and Animal Health Branch
 Livestock Health Management
 and Regulatory Unit

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FALLOW DEER AND REINDEER ANNUAL INVENTORY AND TRANSACTION REPORT

Part A: Licensee Information

LICENSEE NAME <small>Surname</small>	<small>First</small>	<small>Initial</small>	EMAIL ADDRESS	GAME FARM LICENCE NUMBER
MAILING ADDRESS		CITY	POSTAL CODE	PREMISE ID NUMBER
FARM ADDRESS (IF DIFFERENT FROM ABOVE)		CITY	POSTAL CODE	SPECIES FALLOW DEER <input type="checkbox"/> REINDEER <input type="checkbox"/>

Part B: Animal Transactions

TRANSACTION DATE	SEX	EARTAG NUMBER	BIRTHDATE	NUMBER OF ADDITIONS				NUMBER OF DELETIONS				ABATTOIR UTILIZED OR DETAILS OF DEATH**	BUYER OR SELLER (NAME/ADDRESS OR GAME FARM LICENCE NUMBER)	
				B	P	I	R	S	E	D/ON	D/OFF			
TOTAL TRANSACTIONS													<i>**per section 17 of Game Farm Regulation</i>	

Legend

ADDITIONS				DELETIONS			
B - BORN	P - PURCHASED	I - IMPORTED	R - REPLACEMENT TAG	S - SOLD	E - EXPORTED	D/ON – DEATH ON FARM	D/OFF – DEATH OFF FARM

Part C: Animal Identification

SEX	BIRTHDATE	EARTAG NUMBER	SEX	BIRTHDATE	EARTAG NUMBER	SEX	BIRTHDATE	EARTAG NUMBER

SUBTOTAL	SUBTOTAL	SUBTOTAL
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Part D: Inventory

FARM INVENTORY AS OF: _____ DAY _____ MONTH _____ YEAR

MALES _____ FEMALES _____ TOTAL _____

Part E: Declaration

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE

BRAND INSPECTOR OR VETERINARIAN (IF ON CWD PROGRAM) _____

FARM OWNER _____

DATE _____

THE INFORMATION REQUESTED ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF PART 2 AND 3 OF THE ANIMAL HEALTH ACT, AND THE GAME FARM REGULATION. IF YOU HAVE ANY QUESTIONS ABOUT THE COLLECTION AND USE OF THIS INFORMATION, PLEASE CONTACT THE LIVESTOCK HEALTH MANAGEMENT AND REGULATORY UNIT.