



BARRON 1521 E. Guy Ave., PO Box 97 Barron, WI 54812-0097 Phone: (715)637-3151 Toll Free: (800)771-8387 FAX: (847) 574-8210	MADISON 445 Easterday Lane Madison, WI 53706-1253 Phone: (608)262-5432 Toll Free: (800)608-8387 FAX: (847) 574-8085
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CWD TEST SUBMISSION FORM

HUNTER (Owner) INFORMATION
*Name:
*Address:
*City/St/Zip:
*Telephone:
E-Mail:
DNR Customer ID#:
*Date of Birth:
*REQUIRED INFORMATION

LAND OWNER INFORMATION
*Name:
*Address:
*City/St/Zip:
*County:
*Township:
*DMU:
*ANIMAL INFORMATION
Female <input type="checkbox"/> Male <input type="checkbox"/>
Age : Fawn <input type="checkbox"/> Yearling <input type="checkbox"/> Adult <input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2 Yrs 3 Yrs 4-5 Yrs 6-8 Yrs 9-12 Yrs 12+ Yrs
Any abnormalities noted:

PAYMENT
Please print this form and complete the payment information below.
Check _____ Cash _____ (If paying by cash, exact amount only)
ALL data and results will be reported to the DNR.
Hunter (Owner) Signature _____ Date _____