



**Wisconsin Veterinary
Diagnostic Laboratory**
UNIVERSITY OF WISCONSIN-MADISON

Lab Use Only

445 Easterday Lane • Madison, WI 53706
PH: (608) 262-5432 • Toll-free: (800) 608-8387 • FAX: (608) 504-2594

Arkansas Hunter CWD Test Submission Form

Hunter Information

Name: _____
Address: _____
Telephone: _____
E-mail: _____
County of Harvest: _____
Deer Zone of Harvest: _____
CWD#: CWD-V-____ - AR16 - _____

Submitting Veterinarian Information

Name: _____
Address: _____
Telephone: _____
Name of Clinic: _____
License Number: _____
CWD ID: _____

Animal Information

Sex: Male Female Species: Elk WTD Age: ≤ 6 months 1½ years ≥ 2½ years

Any abnormalities noted: _____

Hunter Signature _____ Date _____

Veterinarian Signature _____ Date _____

NOTE: This form must be fully completed for each CWD sample submitted. Hunters are encouraged to visit cwd.agfc.com for test results. It is important that hunters maintain their CWD number in order to view test results.

All data and results will be reported to the Arkansas Game & Fish Commission.