Wisconsin Veterinary Diagnostic Laboratory
UNIVERSITY OF WISCONSIN–MADISON

BARRON
1521 E. Guy Ave., PO Box 97
Barron, WI 54812-0097
Phone: (715)637-3151 Toll Free: (800)771-8387
FAX: (715) 449-5052

MADISON
445 Easterday Lane
Madison, WI 53706-1253
Phone: (608)262-5432 Toll Free: (800)608-8387
FAX: (608) 504-2594

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 ☐ Male ☐

Age : Fawn ☐ Yearling ☐ Adult ☐

☐ 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 _____