



# Wisconsin Veterinary Diagnostic Laboratory

UNIVERSITY OF WISCONSIN-MADISON

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## Arkansas Hunter CWD Test Submission Form

### Hunter Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
County of Harvest: \_\_\_\_\_  
Deer Zone of Harvest: \_\_\_\_\_  
CWD#: \_\_\_\_\_

### Submitting Veterinarian Information

Name: \_\_\_\_\_  
DVM License No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City/St/Zip \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail \_\_\_\_\_  
Name of Clinic: \_\_\_\_\_  
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](http://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.*