



MADISON

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

Michigan CWD TEST SUBMISSION FORM

| HUNTER (Owner) INFORMATION |
|--|
| *Name: |
| *Address: |
| *City/St/Zip: |
| *Telephone: |
| E-Mail: |
| *DNR Kill Tag ID# |
| LAND OWNER INFORMATION (out of season permits only) |
| *Name: |
| *Address: |
| *City/St/Zip: |

| HARVEST LOCATION |
|---|
| *County: |
| *Township |
| *Range: |
| *Section: |
| OR PROVIDE |
| Lat/Long: |
| ANIMAL INFORMATION |
| *Sex: Female Male |
| *Age: Fawn Yearling (1yr) Adult (2 yr+) |
| Any abnormalities noted: |
| *=Required Information |

PAYMENT

By signing below you agree to be responsible for all charges related to shipping and testing. You will be invoiced for any charges and can pay via credit card on WVDL website or by check.

Hunter (Owner) Signature _____ Date _____

RESULTS (ALL data and results will also be reported to the Michigan DNR.)

You will receive results via email:

*E-mail: _____