



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

WVDL - Madison

445 Easterday Lane

Madison, WI 53706-1253

Phone: (608) 262-5432; Toll Free: (800) 608-8387

FAX: (608) 504-2594

Minnesota CWD TEST SUBMISSION FORM

HUNTER (Owner) INFORMATION	HARVEST LOCATION
*Name:	*County:
*Address:	*Township
*City/St/Zip:	*Range:
*Telephone:	*Section:
E-Mail:	OR PROVIDE
*DNR Kill Tag ID#	Lat/Long:
LAND OWNER INFORMATION (out of season permits only)	ANIMAL INFORMATION
*Name:	*Sex: Female Male
*Address:	*Age: Fawn Yearling (1yr) Adult (2 yr+)
*City/St/Zip:	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 Minnesota DNR.)	
<u>You will receive results via email:</u>	
*E-mail: _____	