Application for
Indiana Pre-Entry Permit for Cervidae

Submit completed application and all supporting documentation with this application (Certificate of Veterinary Inspection; and verification of status of herd of origin for CWD, tuberculosis, brucellosis, etc.) to the BOAH. All requirements must be met in order for the application to be processed. Not providing requested information will result in a delay processing the application.

The application should be submitted to the Indiana State Board of Animal Health office as far in advance of the anticipated movement as possible. MUST BE SUBMITTED AT LEAST 120 HOURS (5 BUSINESS DAYS) PRIOR TO THE MOVEMENT.

Movement cannot occur until the pre-entry permit is issued by the Indiana State Board of Animal Health.

1. Indiana Owner (Applicant) Information
   Name of applicant: ____________________________________________________________
   Mailing address of applicant: __________________________________________________
   Indiana destination of cervidae (if other than above): ______________________________
   County: ___________________ Telephone number: _________________________________

2. Herd of Origin Information
   Name of owner: ______________________________________________________________
   Mailing address of owner of herd of origin: ______________________________________
   Location of cervidae (if other than above): ______________________________________
   County: ___________________ Telephone number: _________________________________
   Herd veterinarian: ______________________ Telephone number: ______________________

3. Shipment Information
   Species in movement:
  ☐ White Tail ☐ Sika ☐ Red Deer
   ☐ Elk ☐ Other____________________
   Sex: Number of Female ___________________ Number of Male ___________________
   Official identification and Date of Birth (for each animal):
   (840 tag or USDA NUES metal tag)
   __________________________________________________
   __________________________________________________
   __________________________________________________
   Anticipated date of movement: ____________________________________________

Applicant Agreement
This application was completed by: _________________________ on ______________________
(Printed name) (Date)

I affirm that all information on this application is true and accurate to the best of my knowledge.
I affirm that none of the animals in this shipment originate from or have spent time in a state that has had CWD, in cervids, in the last 5 years.
Signature: ________________________________________________________________

Indiana State Board of Animal Health
Discovery Hall Suite 100, 1202 East 38th Street, Indianapolis, IN 46205
317/544-2400; fax:317/974-2011; email: animalhealth@boah.in.gov

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