MINNESOTA BOARD OF ANIMAL HEALTH

Minnesota Board of Animal Health
Farmed Cervidae Program
Farmed.cervidae@state.mn.us | mn.gov/bah

Farmed Cervidae Registration Renewal and Inventory

To maintain registered herd status, a complete animal inventory must be conducted, submitted and verified by an accredited veterinarian and the owner every 12 months. Inventory documents for the annual registration include:

- Farmed Cervidae Registration Renewal and Inventory Cover Sheet (this document).
- Inventory list of animals currently in herd.
- Cervid Mortality Summary.
- Re-Tagged Farmed Cervidae.
- Tennessen Warning.

Premises Owner/Manager Information

Premises ID: _____

Premises Address: _____

City, State, Zip: _____

Owner/Manager Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Inventory Summary

Inventory Completed Date: _____

Species/Number of Animals

Species 1: _____ Number: _____

Species 2: _____ Number: _____

Species 3: _____ Number: _____

Species 4: _____ Number: _____

Species 5: _____ Number: _____

Annual or Physical Inventory (check one)

☐ **Annual Inventory:** To be completed every 12 months in years when the physical inventories are not required. (MN Rule 1721.0380. Subp.4.)

☐ **Physical Inventory:** To be completed every three years by all farmed Cervidae herds (MN Rule 1721.0380. Subp.4.), which requires the physical verification of all tags and the complete and accurate recording of all identification, age, and sex for every animal in the herd, by both you and an accredited veterinarian.

Owner Certification

I certify that the attached Farmed Cervidae Registration Renewal and Inventory, Cervid Mortality Summary, and all re-tag information are complete and accurate as of the date listed. I certify that all herd additions originated from herds of equal or higher CWD status. I have read and agree to comply with associated Tennessen Warning.

Owner Signature: _____ Date: _____

Accredited Category II Veterinarian Certification (check one)

☐ I certify to the best of my knowledge that the attached Farmed Cervidae Annual Inventory is complete and accurate as of the date listed.

☐ I certify that I have read all of the identification tags listed on the attached Farmed Cervidae Physical Inventory.

Veterinarian Name: _____ Clinic: _____

Phone: _____ Email: _____

Signature: _____ Accreditation Number: _____ Date: _____

Revised 8/31/26