

**STATE OF IDAHO
ANNUAL DOMESTIC CERVIDAE ASSESSMENT
DUE BY JANUARY 1, 2011**

Owner/Agent Name:

Facility Name:

Facility Address:

Mailing Address:

Phone Number & E-mail:

	Elk	Fallow Deer	Reindeer
Adult Males:	_____	_____	_____
Adult Females:	_____	_____	_____
Calves:	_____	_____	_____
Total:	_____	_____	_____
	x \$5/head	x \$3/head	x \$3/head
Total Fee:	_____	_____	_____

I give permission to the Idaho Department of Agriculture ("ISDA") to release the name, address, and telephone number of this facility as part of a mailing list or telephone list to any person who may request such a list through the Idaho Public Records Law, Idaho Code, § 9-337 *et seq.*
 YES NO

I understand that if I withhold permission to release the name, address, and telephone number of this facility, this information will not be released by ISDA as part of a mailing list or telephone list pursuant to Idaho Code § 9-348(1).
 _____ Initial

I the undersigned have read the ISDA Rules Governing Domestic Cervidae and understand them. I agree to comply with these rules.

Owner Signature & Date:

***Please include the latest copy of your inventory as required by the rules of the State of Idaho.**

Make Check Payable to:
 Division of Animal Industries
 P.O. Box 7249
 Boise, Idaho 83707