

Oklahoma Cervid Import Permit Application

An accredited veterinarian must submit this completed application form and certificate of veterinary inspection to: **Oklahoma Department of Agriculture, Food, and Forestry (ODAFF)**
2800 N Lincoln Blvd; Oklahoma City, OK 73105, or Email: Dana.Call@ag.ok.gov
At least 3 working days must be allowed to process this application.

Consignor/Seller Information

Name	Farm/Business Name		
Address	City, State, Zip Code*	County**	
Home Phone	Cell Phone	Fax Number	Email Address
Proposed Shipping Date _____	Species _____	Number <6 months _____	Number ≥6 months _____

Identification Requirements

All cervids must be permanently and individually identified with two forms of identification. At least one of these must be USDA approved official identification (Metal "NUES" tag, RFID "840 AIN" tag/microchip, or State CWD tag).

Certificate of Veterinary Inspection (CVI) Requirements

All cervids must be listed on a CVI signed by an accredited veterinarian and issued within 30 days prior to entry. The CVI must be submitted to ODAFF along with the permit application. The permit number shall be listed on the CVI after ODAFF approval.

Chronic Wasting Disease (CWD) Requirements

Whitetail Deer, Elk, Moose, Sika Deer, Red Deer, and their hybrids must originate from a CWD certified herd.

CWD Herd # _____ Enrollment Date _____ Date of Last Inventory/Inspection _____

Tuberculosis Requirements

The herd the cervids originate from shall have a whole herd test conducted within one year prior to the date of movement and the individual animals to be moved are negative to an additional official test conducted within 90 days prior to the date of movement.

Cervids from tuberculosis accredited herds are exempt from this requirement.

Negative Test Dates _____ and _____ **or** Accredited Herd # _____ Last Herd Test Date _____

Brucellosis Requirements

All Cervidae 1 year of age or older shall test negative for brucellosis within thirty (30) days prior to interstate movement.

Whitetail Deer and Cervidae from brucellosis certified herds are exempt from this requirement.

Negative Test Date: _____ **or** Certified Herd # _____ Last Herd Test Date _____

Receiving facility must be currently licensed with ODWC or ODAFF

Consignee/Buyer Information

Name _____ Facility/Business Name _____ **Breeding Facility** **Hunting Facility**

Accredited Veterinarian's Information

"I, the accredited veterinarian listed below, have verified that these cervids have the required identification, disease testing, and/or disease herd status required for import and have not observed any symptoms of CWD. I certify that the information submitted on this application and CVI is to the best of my knowledge and belief true, accurate, and complete."

Name	Accreditation Number	Signature	Date
Veterinary Clinic	Phone Number	Fax Number	Email Address

ODAFF Permit Number	Date Approved	ODAFF Approving Official's Signature
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***Import of cervids from counties where CWD exists in native populations is prohibited (2 O.S. §6-505A[5]a).**

This permit is valid for 30 days from the date of approval.