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Commissioner

North Carolina Department of Agriculture
and Consumer Services
Veterinary Division

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Assistant Commissioner
for Consumer Protection

Michael P. Martin, DVM
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Post Movement Form

Dear Farmed Cervid Producer:

In order to maintain accurate records of cervid moved from your facility, the following must be completed. This form is confirmation of cervid moved from your facility and their specific identification numbers.

Once this form is completed and returned to the NCDA&CS Veterinary Division, the herd inventory will be updated. This form can be mailed to 1030 Mail Service Center Raleigh, NC 27699 Attn: Farmed Cervid Program or emailed to farmedcervid@ncagr.gov. This form must be returned in order for your movement permit to be completed post movement. *If all cervid on the permit were moved as indicated on the movement permit, you only need to check the first box below and sign and date the form.* If you have any questions please call us at 919-707-3250.

Dr. Catherine R. Harris, DVM
Livestock Unit Director

- I certify that **all cervid** listed on the approved permit number _____ were moved in accordance with the permit.
- I certify that **only the cervid listed below** were moved under permit number _____ on the date indicated and request the inventory be updated.

Date Moved	Species	Sex	Age	Button Tag #	Bangle Tag #

First and Last Name (print)

Signature

Date