Mail to: State of Wisconsin Department of Natural Resources Bureau of Customer and Outreach Services PO Box 7924 Madison, WI 53707-7924

# **Annual Deer Harvest Plan**

Form 2300-296A (R 2/14)

**Notice:** Deer farms containing white-tailed deer (WTD) that are 80 acres or more in size are required to complete a deer harvest plan and submit it annually to the DNR **by March 31<sup>st</sup>**, when the following conditions apply.

- The farm is not enrolled in the Dept. of Agriculture, Trade and Consumer Protection (DATCP) chronic wasting disease (CWD) herd status program, or
- The farm is not double fenced or solid fenced in compliance with s. NR 16.45, Wis. Adm. Code.

**Note:** CWD test results for each deer tested must be submitted for the previous year's testing along with this plan annually.

Personal information collected will be used for program enforcement purposes, and the Department may provide this information to requesters as required by Wisconsin's Open Records laws (ss. 19.31-19.39, Wis. Stats.).

**Revocation of fence certification:** Failure to remain enrolled in or comply with the DATCP CWD monitoring program requirements, DNR annual deer harvest plan or fencing requirements may result in revocation of a fence certification. A valid fence certificate is required to register a deer farm with DATCP. Possession of captive deer without a valid fence certificate may result in a forfeiture of \$200 plus court costs and fees.

Applicant Information					
Business Name				Deer Farm Fence	Certificate Number
Contact Name – Last		First	MI	Current DATCP Registration Number	
Mailing Address		City	y	State	ZIP Code
Daytime Phone Number	Alternate Pho	ne Number	Email Address	·	
Deer Farm Information –	Indicate the actual address	ss and location of t	the deer hunting preserve o	or deer farm operat	ion.
Deer Farm Fence Address		City		County	
Township Name	Section Number(s)		f acres within the deer huntin r farm enclosure	Year that this plan applies to	

Wis. Adm. Code ch. NR 16 rules for participation in the annual deer harvest plan require the following:

- You must annually sample and test a minimum of 10% of the adult white-tailed deer that are 2 years or older and held within this deer hunting preserve or this deer farm enclosure for at least 2 years.
- The 10% applies to the first 3 years, and then you must test a minimum of 5% annually thereafter.
- If the total number of white-tailed deer 2 years old or older is less than 10, a minimum of 1 white-tailed deer must be tested for CWD annually.
- Test results shall be provided to the department annually along with your next year's deer harvest plan.

#### **Current Information:**

Total # of white-tailed deer (WTD) on your farm on the date this plan is signed by applicant:

Total # of WTD that have lived on your farm for 2 or more consecutive years as of the

date this plan is signed by applicant (These deer make up your "resident population"):

#### Last Year's <u>Testing</u> Information:

Total # of WTD that were tested for CWD during the previous

12 months from your established "resident population":

Did any of your CWD tests result in a positive test? Yes No

## Next Year's Planning Information:

Total # of WTD which are expected to have lived on your farm for 2 or more consecutive years 12 months from the date of this application (These deer make up next year's "resident population"):

Total # of WTD intended to be tested for

CWD from next year's "resident population": \_\_\_\_\_ (Include these test results along with <u>next year's</u> plan).

### **Certification**

I hereby certify that the above information is true and correct. Furthermore I understand that providing incorrect information may result in revocation of my fence certificate and possible penalties.

Signature of Applicant

Date Signed

(Include these test results with this plan.)

Please make and keep a copy for your records. Additional forms may be obtained from the DNR at the above address, by phone at (888) 936-7463 or FAX (608) 264-6130 or on the web at dnr.wi.gov.