



Ohio Department of Agriculture

Division of Animal Health

8995 East Main Street Reynoldsburg, OH 43068-3399

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LICENSE APPLICATION FOR OHIO CAPTIVE WHITETAIL DEER WITH STATUS

Name of Applicant: \_\_\_\_\_

Farm Name: \_\_\_\_\_

ODNR License number: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone#(\_\_\_\_\_) \_\_\_\_\_ Cell#(\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Farm Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Total number of whitetail deer in last CWD inventory \_\_\_\_\_

\*\*All applications must be submitted with an inspection form signed by an accredited veterinarian unless it was submitted along with your annual CWD inventory.\*\*

I certify that this application, all attachments, and information submitted are to the best of my knowledge and believe true, accurate, and complete. I am aware there are significant penalties for knowingly submitting false, inaccurate, or incomplete information, including the possibility of fine for each violation.

All information submitted on this application is considered public information unless a statutory exception exists that exempts it from release under the Ohio Public Records Act, as defined in section 149.43 of the Ohio Revised Code.

Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

PAYMENT REQUIRED BY MARCH 31- A LATE FEE OF \$25.00 SHALL BE PAID FOR ANY LICENSE RENEWAL APPLICATION RECEIVED AFTER MARCH 31. Total amount must be enclosed to cover the fee for the above license payable to the Ohio Department of Agriculture.

Payment of \$25.00 by check or money order only:

Payment Method:  Check # \_\_\_\_\_  Money Order Amount: \$ \_\_\_\_\_

BELOW FOR OFFICE USE ONLY

Form with fields: CHECK #, DATE OF CHECK, CAPTIVE WT DEER LICENSE #, DATE ISSUED, ISSUED BY