



Ohio Department of Agriculture

Division of Animal Health

8995 East Main Street Reynoldsburg, OH 43068-3399

Phone: 614-728-6220 Fax: 614-728-6310

www.agri.ohio.gov Email animal@agri.ohio.gov

REGISTRATION APPLICATION FOR OHIO MONITORED CAPTIVE WHITETAIL DEER

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 \_\_\_\_\_ # of Bucks: \_\_\_\_\_ # of Does: \_\_\_\_\_ # of Fawns: \_\_\_\_\_

Number of deaths within the last calendar year over 12 months of age \_\_\_\_\_

Number of purchased or acquired whitetail deer within the last licensure year \_\_\_\_\_

\*\*Completed attached inventory form and an annual inspection form signed by an accredited veterinarian are required with all applications.\*\*

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 REGISTRATION 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 box for office use with fields: CHECK #, DATE OF CHECK, CAPTIVE WT DEER LICENSE #, DATE ISSUED, ISSUED BY



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

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

**Animal Information:**

UNIQUE VISIBLE ID TAG	OFFICIAL IDENTIFICATION (if applicable) or Name	RETAG NUMBER	DATE OF BIRTH	SEX	Purchased (PA) or Natural Addition (NA)	PURCHASED FROM: NAME, ADDRESS & DATE
UNIQUE VISIBLE ID TAG	OFFICIAL IDENTIFICATION	RETAG NUMBER	DATE OF BIRTH	SEX	Date of death	Accession #