



Birth Year of _____

ANNUAL REPORT OF DOMESTIC GAME FARM ANIMAL BIRTHS, DEATHS, ID CHANGES

This form is to be returned by August 30 of the year following the birth year.

For Fallow Deer

Return report to:
Ministry of Agriculture
Livestock Branch
Room 202, 3085 Albert Street
Regina SK S4S 0B1

Telephone: 306-787-4606
Fax: 306-787-1315

Herd Prefix: _____

Operator Name: _____

Address: _____

City/Province: _____

Postal Code: _____

Phone: _____

Legal Land Description: _____ - _____ - _____ - _____ - _____

(Record all land locations _____ - _____ - _____ - _____ - _____

associated to your game farm.) _____ - _____ - _____ - _____ - _____

Qtr-Sec-Twnshp-Range-Meridian

(Please check one box)

I certify that the information provided on this report, including the attached pages, is complete and correct.

OR

I certify that there have been no births, deaths, on-farm slaughters or changes in identification on my farm.

Signature _____ Date _____
Game Farm Operator or Authorized Agent

Record Births, Deaths and Tag ID Changes on the attached forms.



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For Fallow Deer

(Please Print)

2 separate identifications are required for each animal.

Species	Provincial Identification Tag #	Producer's Identification Tag #	Federal H of A Tag #	Provincial Tag Colour	Sex	Birth Year	Animal Change	If an ear tag was replaced, record the tag type (ie: Provincial, Federal or Producer's) and the new #
							<input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> On-farm slaughter	
							<input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> On-farm slaughter	
							<input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> On-farm slaughter	
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							<input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> On-farm slaughter	

Herd Prefix: _____

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