

CALVING/FAWNING REPORT TYPE 1 CERVID PROPAGATION LICENSE
ODFW Fax: 503-947-6330 Or Mail to ODFW 4034 Fairview Industrial Dr SE Salem OR 97302

License No: _____ Issued to: _____ Date: _____

Species: _____

Unique Mark	Visible Mark	Sex	Birth	Dam	Sire	Comments*
Transponder <input type="checkbox"/>	Ear Tag <input type="checkbox"/>		Date		(If known)	
Tattoo <input type="checkbox"/>	Ear Notch <input type="checkbox"/>		M/D/Y			
N.A.E.B.A Ear Tag <input type="checkbox"/>	Other <input type="checkbox"/>					
Other <input type="checkbox"/>						

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

*Artificial Insemination, Embryo Transplant, Other.

Licensee Signature: _____ Date: _____