



Oregon Department of Fish & Wildlife
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CERVID DEATH REPORT FORM

Name	Facility address if different
Address	Address
City, State Zip	City, State, Zip
Phone	

Cervid License No: _____

Animal ID Number		Date of Death	Date Discovered	Cause of Death
Ear Tag (color and #)	Permanent ID Mark			
Ear Tag (color and #)	Permanent ID Mark			
Ear Tag (color and #)	Permanent ID Mark			
Ear Tag (color and #)	Permanent ID Mark			
Ear Tag (color and #)	Permanent ID Mark			
Ear Tag (color and #)	Permanent ID Mark			
Ear Tag (color and #)	Permanent ID Mark			
Ear Tag (color and #)	Permanent ID Mark			
Ear Tag (color and #)	Permanent ID Mark			
Ear Tag (color and #)	Permanent ID Mark			

Reported By (print name) _____ Date _____ Signature _____