

Birth year of _____
ANNUAL REPORT OF DOMESTIC GAME FARM ANIMAL BIRTHS, DEATHS, ID CHANGES

This form is to be returned by August 31 of the year following Birth year

For Fallow Deer

Return report to:
Inspection & Regulatory Management
Room 201, 3085 Albert Street
Regina, Saskatchewan S4S 0B1

Telephone: 306-787-4606
or 306-787-7053
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 _____
Owner or Authorized Agent

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

Birth year of _____
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(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	
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							<input type="checkbox"/> Birth <input type="checkbox"/> Death <input type="checkbox"/> On-farm slaughter	

Name: _____

Herd Prefix: _____

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