CWD Testing
Wyoming State Veterinary Laboratory
Department of Veterinary Sciences
University of Wyoming
1174 Snowy Range Road, Laramie, WY 82070
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In state WATS: 1-800-442-8331
Email: vetrec@uwyo.edu
www.uwyo.edu/wyovet

For Lab Use Only
Date:__________  Time:__________
Carrier:_______  Condition: W  C  F
Pathologist:_______
Paid: $______  Cash/Check #______
Specimen received:                                    Labs:
head______ fresh tissue______

Please fill out the information as complete and accurate as possible. The fee for this service is $30 per specimen.

LOCATION OF KILL IS CRITICAL SO PLEASE BE VERY SPECIFIC SO THAT COORDINATES CAN BE LOCATED IN AN ATLAS OR GAZETTEER. Results will be available within 10 working days from receipt of sample. PLEASE PROVIDE EMAIL!!

Owner__________________________________________
Address_________________________________________
City_____________________ State_____ Zip__________
Phone__________________________________________
Email___________________________________________

STATE OF KILL:  WY  CO  NE  OTHER
SPECIES:  ELK  MULE DEER  WTD  MOOSE
SEX:  M  F  ESTIMATED AGE:  ____________
HUNT AREA:  _____DATE HARVESTED:__________

LOCATION OF KILL: (BE SPECIFIC: RANCH NAME, LAT/LONG, RANGE/TOWNSHIP/SECTION, UTM COORDINATES):