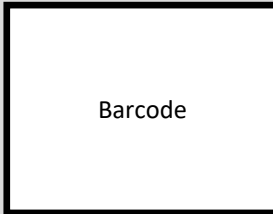


CWD Testing

Wyoming State Veterinary Laboratory

Department of Veterinary Sciences
University of Wyoming
1174 Snowy Range Road, Laramie, WY 82070
Phone: (307) 766-9925 Fax: (307) 721-2051
In state WATS: 1-800-442-8331
Email: vetrec@uwyo.edu
www.uwyo.edu/wyovet



Barcode

For Lab Use Only

Date: _____ Time: _____

Carrier: _____ Condition: W C F

Case coordinator: _____

Paid: \$ _____ Check # _____

Specimen received:

Labs:

head _____ fresh tissue _____

H G

Please fill out as complete as possible. The fee for this service is **\$40** per specimen and we can only accept checks. **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: _____

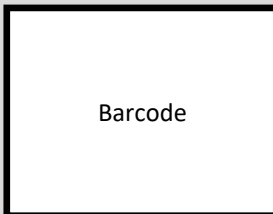
HUNT AREA: _____ DATE HARVESTED: _____

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

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