

2020

**BUCK DEER, ELK
BUCK ANTELOPE
Donor**



Game Donation Record
(One per Animal)

- One Buck Deer (Hunter pays total processing cost)
- One Buck Antelope (Hunter pays total processing cost)
- One Elk (Hunter pays total processing cost)

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Hunter's Name on tag: (Please print) _____

Mentored Hunter's Name: (if applicable) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ License Number: _____

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For donated buck deer, buck antelope or elk:

Date of harvest: _____

Hunt Unit No. (State of harvest if not South Dakota): _____

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I have delivered the head of my donated BUCK DEER OR ELK TAKEN WEST OF THE MISSOURI RIVER OR OUT-OF-STATE to a Department of Game, Fish and Parks (GFP) Chronic Wasting Disease (CWD) surveillance collection site, GFP office or GFP contracted taxidermist for CWD testing. I will notify Sportsmen Against Hunger the name of the game processor shown below where the donated carcass will be processed if the test for CWD is negative.

(No CWD testing is required for donated buck deer taken east of the Missouri River.)

(Hunter Signature) (Date)

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If this is a donated BUCK DEER OR ELK TAKEN WEST OF THE MISSOURI RIVER OR OUT-OF-STATE it has been tested for Chronic Wasting Disease in accordance with policies and procedures established by Sportsmen Against Hunger and Department of Game, Fish and Parks, and found to be negative.

Processor company name: _____

Signature of company representative: _____ Date: _____