



2020
**DOE
Donor**



Processing Certificate
(One per Animal)

- One Doe/antlerless Deer (SAH pays \$75)
- One Doe/fawn Antelope (SAH pays \$65)

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

Mentored Hunter's Name: (if applicable) _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ **License Number:** _____

For donated doe/antlerless deer or doe/fawn antelope harvested in South Dakota:

Date of harvest: _____ **Hunt Unit No.:** _____

I have delivered the head of my donated doe/antlerless DEER TAKEN WEST OF THE MISSOURI RIVER to a Department of Game, Fish and Parks (GFP) Chronic Wasting Disease (CWD) surveillance collection site or GFP office 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 deer taken east of the Missouri River.)

(Hunter Signature) (Date)

This certificate was accepted as payment toward the cost of processing one doe/antlerless deer or doe/fawn antelope taken in South Dakota.

If this is a doe/antlerless DEER 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: _____