



2024
**BUCK DEER, ELK
BUCK ANTELOPE
Donor**



Game Donation Record

(One per Animal – Hunter pays total processing cost)

- One Buck Deer
- One Buck Antelope
- One Elk

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

Mentored Hunter's Name: (if applicable) _____

Address: _____

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

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

For donated buck deer, buck antelope or elk:

Date of harvest: _____

County of harvest (State of harvest if not South Dakota): _____

NO TESTING FOR CHRONIC WASTING DISEASE IS REQUIRED FOR DONATED DEER OR ELK.

(Hunter Signature)

(Date)

Processor company name: _____

Signature of company representative: _____ **Date:** _____