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| DAH-BADC-010.docx (rev.12/6/2022) | | | | | | | | | | | | | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  *Division of Animal Health*  Phone: (608) 982-6444 Fax (608) 224-4871 | | | | | | | | | REGISTRATION NO. | | | |
| FARM-RAISED DEER KEEPER REGISTRATION APPLICATION  For the Period Ending March 15, 2024 s. ATCP 10.46, Wis. Adm. Code, ch. 95.55, Wis. Stats. | | | | | | | | | | | | | |
| LEGAL NAME | | | | | | | | | | | | | |
| DBA, TRADE NAMES, OTHER NAMES USED TO CARRY OUT THIS BUSINESS: (LIST ALL) | | | | | | | | | | | | | |
| LEGAL ENTITY TYPE | | Individual | Partnership | Corporation | LLC | Trust | | Cooperative | | | | | |
| Other | | | | | | | | | STATE BUSINESS IS FORMED IN: | | | | |
| PRIMARY PHONE:  (     )     - | | | WORK PHONE:  (     )     - | | MOBILE PHONE:  (     )     - | | | | | | FAX:  (     )     - | | |
| MAILING ADDRESS STREET | | | | | | | CITY | | | | | STATE | ZIP |
| LICENSE CONTACT | | | | | LICENSE CONTACT EMAIL | | | | | | | | |
| CONTACT PHONE:  (     )     - | | | WORK PHONE:  (     )     - | | MOBILE PHONE:  (     )     - | | | | | | FAX:  (     )     - | | |
| OFFICERS (for Corp. or Coop), PARTNERS, MEMBERS (for LLC), OR TRUSTEES: | | | | | | |  | | | | | | |
| NAME | | | | | | | TITLE | | | | | | |
| NAME | | | | | | | TITLE | | | | | | |
| NAME | | | | | | | TITLE | | | | | | |
| NAME | | | | | | | TITLE | | | | | | |

SIGNATURE:

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| I certify that all information on this application and any attached documents is true, accurate and complete. I certify by my signature that I will comply with Wisconsin Administrative Codes and Wisconsin Statutes applicable to farm-raised deer in Wisconsin | | | | | | | | | | | | | | | | | |
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| FARM-RAISED DEER KEEPER OR AUTHORIZED REPRESENTATIVE SIGNATURE | | | | | | | | | | | DATE | | | | | | |
|  | | | | | | |  | | | | | | | | | | |
| PRINT NAME OF PERSON SIGNING | | | | | | | PRINT TITLE OF PERSON SIGNING | | | | | | | | | | |
| PRIMARY LOCATION: | | | | | | | | | | | | | | | | | |
| STREET, ADDRESS (or Fire Number, driving directions if address is not available) | | | | | | | | | | | | | | | | | |
| CITY/VILLAGE/TOWN | | | | | | | | | | STATE | | | | ZIP | | | |
| LIVESTOCK PREMISES CODE | | | FIRE NUMBER | | | | | | COUNTY | | | | | | | | |
| LANDOWNER (If different than applicant) | | | | | EMAIL | | | | | | | | | | | | |
| PHONE:  (     )     - | | | WORK PHONE:  (     )     - | | | | | | MOBILE PHONE:  (     )     - | | | | | | | | |
| HERD MANAGER/CUSTODIAN: | | | | | | | | | | | | PHONE:  (     )     - | | | | | |
| ADDRESS STREET | | | | | | CITY | | | | | | | | STATE | | ZIP | |
| Are there other herds registered separately at this location? | | | | | | | | | | | | | | YES | | | NO |
| If yes, Registration # # of other herd(s): | | | | | | | | | | | | | | | | | |
| Are there bovines currently on the premises or are there plans to bring bovines to the premises? | | | | | | | | | | | | | | YES | | | NO |
| Has an inspection been conducted by the department to determine whether there is medically significant separation? | | | | | | | | | | | | | | YES | | | NO |
| PRIMARY LOCATION ANIMALS | | | | | | | | | | | | | | | | | |
| No. of WHITE TAILED DEER | | DNR Fence Certificate # (required for white-tailed deer only) | | | | | | | | | | | Expiration Date: | | | | |
| No. of ELK | No. of FALLOW DEER | | | No. of RED DEER | | | | No. of REINDEER | | | | | | | No. of SIKA | | |
| No. of Other (Please list species below) | | | | | | | | | | | | | | | | | |

SECONDARY LOCATION: (If additional locations, add additional sheets)

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| STREET, ADDRESS (or Fire Number, driving directions if address is not available) | | | | | | | | | | | | | | | |
| CITY/VILLAGE/TOWN | | | | | | | | | STATE | | | ZIP | | | |
| LIVESTOCK PREMISES CODE | | | FIRE NUMBER | | | | | COUNTY | | | | | | | |
| LANDOWNER (If different than applicant) | | | | | EMAIL | | | | | | | | | | |
| PHONE:  (     )     - | | | WORK PHONE:  (     )     - | | | | | MOBILE PHONE:  (     )     - | | | | | | | |
| HERD MANAGER/CUSTODIAN: | | | | | | | | | | PHONE:  (     )     - | | | | | |
| ADDRESS STREET | | | | | | CITY | | | | | | STATE | | ZIP | |
| Are there other herds registered separately at this location? | | | | | | | | | | | | YES | | | NO |
| If yes, Registration # # of other herd(s): | | | | | | | | | | | | | | | |
| Are there bovines currently on the premises or are there plans to bring bovines to the premises? | | | | | | | | | | | | YES | | | NO |
| Has an inspection been conducted by the department to determine whether there is medically significant separation? | | | | | | | | | | | | YES | | | NO |
| SECONDARY LOCATION ANIMALS | | | | | | | | | | | | | | | |
| No. of WHITE TAILED DEER | | DNR Fence Certificate # (required for white-tailed deer only) | | | | | | | | | Expiration Date: | | | | |
| No. of ELK | No. of FALLOW DEER | | | No. of RED DEER | | | No. of REINDEER | | | | | | No. of SIKA | | |
| No. of Other (Please list species below) | | | | | | | | | | | | | | | |

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|  | $85.00 for 15 or fewer deer, if the herd is not enrolled in CWD Program, no hunts (for fees) and deer only move to slaughter |
|  | $162.50 for 15 or fewer total farm-raised deer, if enrolled in or intending to apply for enrollment in the CWD Program |
|  | $325.00 for more than 15 total farm-raised deer, either enrolled or not enrolled in the CWD Program |
|  | \* Late fee 20% of the required license fee – if paid after March 15 |
|  | \*\*Surcharge, if applicable |
|  | Total All Fees |

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| **\*Late fees:** If application is received after the license has expired, a fee equal to 20% of all the required license fees will be assessed.  **\*\*Surcharge** of $250 applies if you operated this business in the past 365 days without a license. If you fail to complete your license renewal prior to March 15th, you will be operating without a license and may be subject to a surcharge and or late fees. We may also charge license fees for any past license year in which you operated without a license. |
| Enclose check or money order made payable to: WDATCP  **Mail your registration materials and payment** (and DNR fencing certificate if you have white tailed deer) to:  WDATCP Division of Animal Health PO Box Lockbox 93598 Milwaukee WI 53293-0598 |

GUIDELINES FOR COMPLETING THE FARM-RAISED DEER KEEPER REGISTRATION APPLICATION

Legal Name: If you are doing business as a sole proprietor or a married couple, enter the name(s) of the individual(s) as the business name. If you have formally formed the business into a Partnership, Corporation, Limited Liability Company (LLC), Limited Liability Partnership (LLP), Trust, Cooperative or other legally constituted entity and have registered with the Department of Financial Institutions, if required, enter the complete name of that entity and the business mailing address. Partnerships must submit proof of formation. (Call phone number at bottom of form for information on what to submit.)

Veterans: An individual who is eligible for the veteran’s fee waiver under s. 45.44, Stats. is exempt from the registration fee for initial registration only.

DBA, trade names, etc. If you, as an individual or as a Corporation or LLC, generally conduct your business under a name which you have not formally constituted as a separate legal entity, then you are considered to be "doing business as," or "using a trade name of." Please enter all such designations that you use for your deer keeper business.

Type of Entity: Place an "X" in the box indicating the entity type and indicate the state in which it was formed, if applicable

**License Contact:** Address for all correspondence regarding this registration. Person to be reached if there are any questions regarding any forms you submit.

Officers, Partners, Members or Trustees: An individual that has ownership or fiduciary interest in the business.

Herd Definition: Wis. Admin. Code s. ATCP 10.01(55) "Herd" means any of the following:

(a) A commonly owned or controlled group of animals that are maintained on common ground.

(b) Two or more commonly owned or controlled groups of animals that are maintained at geographically separate locations, if people, animals or equipment move between the locations without taking effective bio-security measures to prevent the spread of disease.

**Location Animals:** List the number of cervids, by species, that are in this herd at each of the locations at the time the registration is completed.

Herd Movement: For information regarding requirements for moving live farm-raised deer off your premises, go to <https://datcp.wi.gov/Pages/Programs_Services/DeerElkCervidMvmt.aspx>.

**Hunting Ranch**: For information regarding hunting ranches, go to <https://datcp.wi.gov/Pages/Programs_Services/HuntingRanches.aspx>.

Herd Locations:

Herds Kept at Multiple Locations: A single herd can be kept at multiple locations and registered under a single registration number. If a farm-raised deer is identified with two individual identifications (one official and one unique to the herd), it may be moved between any of the locations providing each movement is properly recorded and both herds are either enrolled or not enrolled in the CWD Herd Status Program. If there are more than 2 locations, attach additional sheets.

Please note that all farm-raised deer kept at locations covered by a single registration certificate are considered a single herd for movement and disease control purposes.

Commingling of Farm Raised Deer Herds: If separate herds are registered at the same location without medical separation, all deer/cervids are considered a single herd for movement and disease control purposes. Deer identified with two individual identification (one official and one unique to the herd) may move between the separate herds at the same location without medical separation providing each movement is properly recorded and both herds are either enrolled or not enrolled in the CWD Herd Status Program.

Registering Medically Separated Herds at the Same Location: A person(s) may register separate herds at the same location if all of the following apply:

\* The department inspects the premises, prior to granting registration, to ensure that there is maintainable medically significant separation between the herds. (See below)

\* A SEPARATE registration application is filed for each herd.

\* All farm-raised deer movements between the herds shall comply with the requirements in s. ATCP 10.56 (requiring a Certificate of Veterinary Inspection with Tuberculosis & Chronic Wasting Disease certification) and s. ATCP 10.46 (5)(a) (keeping records on movements).

**Medical Separation:** Medical separation must be established and approved if **two or more separate farm-raised deer herds** are located at the same premises or if **bovine reside** at the same premises as farm-raised deer and either the bovine or farm-raised deer are to be moved to a location other than slaughter. The exception for the medical separation requirement would be if both the bovine and cervid are tested per the requirements in Wis. Admin. Code s. ATCP 10.46(11)(d)2. To apply for medical separation, complete form AH-MS-100.

**Fencing Certificate Number:** If there are any white-tailed deer in your herd, a fencing certificate must be obtained from the Department of Natural Resources before registering as a farm-raised deer keeper. If adding white-tailed deer to an already established cervid herd a fence certificate must be obtained. Failure to do so will result in the denial of the registration and/or possible enforcement action. For information on fencing for herds with white-tailed deer, contact DNR at (608) 266-0862.

**Livestock Premises Registration Program*:*** The livestock premises registration program is intended to protect animal health, as well as the security of the food chain. Premises registration will facilitate a rapid response to animal disease emergencies. A deer premises is required to be currently registered in the livestock premises registration program. Failure to register or renew the livestock premises will result in a denial of the farm-raised deer keeper registration. For Livestock premises identification registration contact 1-888-808-1910.

Authorized Signatures: The application must be signed by an authorized person(s). An authorized person is a sole proprietor (or both spouses if both listed), or a person whose name appears as an officer, partner, trustee, or manager or member (if authorized by the entity's incorporation/formation document or bylaws). Also enter the title of the person who has signed the application, and enter the date signed.

ENCLOSE THE APPROPRIATE REGISTRATION FEE INCLUDING LATE FEES and SURCHARGES if applicable (check or money order, payable to WDATCP).

If you have any questions, contact the Division of Animal Health at 608-982-6444

Personal information you provide may be used for purposes other than that for which it was originally collected (Wis. Stats s. 15.04(1)(m),).

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