



## Indiana Application for Pre-Entry Permit for Cervidae Live Animals

(September 2009) The Indiana State Veterinarian may issue a pre-entry permit to move live cervid animal(s) of the following species into the state under certain conditions: elk, wapiti, red deer, Sika deer, Japanese deer, Japanese Sika deer, spotted deer, Japanese spotted deer, mule deer, whitetail deer and hybrids of the listed species. Other cervid species are subject to different pre-entry requirements; contact BOAH for more information.

### Pre-Entry Requirements:

Before moving live cervids of the listed species, you must obtain a pre-entry permit from the Indiana State Veterinarian that authorizes the movement.

1. Application for a pre-entry permit must be in writing and submitted to the State Veterinarian on the attached form (or a reasonable facsimile thereof), not less than 120 hours (5 business days) prior to the projected movement date.
2. Applicant must provide with the application any information, including supporting documentation, relevant to evaluating the disease risk associated with the movement and compliance with the applicable requirements that follow:

### Live Animal and Embryo Imports

Each animal must originate from a state that meets all of the following conditions:

- The principal animal health official in the state of origin has authority to quarantine CWD-infected, CWD-exposed, and CWD-suspect animals.
- State law in the state of origin requires that a diagnosis of CWD be reported to the principal animal health official of the state.
- The state of origin is engaged in surveillance for CWD in captive and free-ranging cervids.
- CWD has not been diagnosed in a captive or free-ranging cervid in the state within the 60 months immediately prior to the date of the proposed movement.

Each animal must originate from a herd that meets all of the following conditions:

- The herd has been enrolled in or subject to an official state or federal surveillance program whereby the herd has been monitored for CWD for not less than 60 consecutive months and the owner of the herd is in compliance with the surveillance program requirements.
- The CWD certification program information shall be disclosed when applying for a pre-entry permit and shall be included on a Certificate of Veterinary Inspection that accompanies the movement, if the permit is granted.
- No animal in the herd, that originated from the herd, or that has been traced to the herd has been diagnosed as positive for CWD within the 60 months immediately prior to the date of the proposed movement into Indiana.
- The Certificate of Veterinary Inspection must be written within 30 days prior to entry.
- Each animal must meet the following requirements:
  1. Be identified with an official ear tag.
  2. All tuberculosis and brucellosis requirements must be met as part of this application.
  3. Call BOAH for specific information as it applies to herds of origin and destination.

### Shipments Direct to Slaughter

Requirements for all live cervids of the listed species moving directly to slaughter in Indiana:

- An official Certificate of Veterinary Inspection is obtained for all animals in the shipment within 30 days prior to entry.
- Each animal is identified with an official eartag or tattoo and the identification is recorded on the Certificate of Veterinary Inspection.
- A copy of the Certificate of Veterinary Inspection must move with the animal(s) and be presented to a state or federal official at the slaughter plant.
- The animal(s) must be moved directly to a slaughter plant inspected by the Indiana State Board of Animal Health or the U.S. Department of Agriculture without stopping and unloading the animal(s) elsewhere in the state.
- The State Veterinarian must be allowed to collect samples from each animal for testing for disease.
- Other conditions that the State Veterinarian determines to be necessary to prevent, detect, and control disease.

#### Semen Requirements

Requirements for moving semen of live cervids of the listed species into Indiana:

- Semen donor is not a CWD-positive, CWD-suspect, or CWD-exposed animal.
- Semen donor has not been kept on a premises where a CWD-positive animal has been kept within the last 60 months.
- Semen donor is not an offspring of a CWD-positive animal.

#### Animals for Research

The State Veterinarian may permit the movement of any animal, semen, or embryo into the state under conditions prescribed by the State Veterinarian for the purpose of research or to facilitate the diagnosis, treatment, prevention, or control of disease.



Indiana State Board of Animal Health  
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317/544-2400; fax: 317/974-2011; email: [animalhealth@boah.in.gov](mailto:animalhealth@boah.in.gov)  
Web site: [www.boah.in.gov](http://www.boah.in.gov)

# Application for Indiana Pre-Entry Permit for Cervidae

Submit completed application and all supporting documentation with this application (Certificate of Veterinary Inspection; and verification of status of herd of origin for CWD, tuberculosis, brucellosis, etc.) to the BOAH. **All requirements must be met in order for the application to be processed. Not providing requested information will result in a delay processing the application.**

The application should be submitted to the Indiana State Board of Animal Health office as far in advance of the anticipated movement as possible. **MUST BE SUBMITTED AT LEAST 120 HOURS (5 BUSINESS DAYS) PRIOR TO THE MOVEMENT.**

**Movement cannot occur until the pre-entry permit is issued by the Indiana State Board of Animal Health.**

## Indiana Owner (Applicant) Information

1. Name of applicant: \_\_\_\_\_  
Mailing address of applicant: \_\_\_\_\_  
Indiana destination of cervidae (if other than above): \_\_\_\_\_  
County: \_\_\_\_\_ Telephone number: \_\_\_\_\_

## Herd of Origin Information

2. Name of owner: \_\_\_\_\_  
Mailing address of owner of herd of origin: \_\_\_\_\_  
Location of cervidae (if other than above): \_\_\_\_\_  
County: \_\_\_\_\_ Telephone number: \_\_\_\_\_  
**Herd veterinarian:** \_\_\_\_\_ **Telephone number:** \_\_\_\_\_

## Shipment Information

3. Species in movement:  
 White Tail                       Sika                       Red Deer  
 Elk                                       Other \_\_\_\_\_

Sex: Number of Female \_\_\_\_\_ Number of Male \_\_\_\_\_

Official identification and Date of Birth (for each animal):  
(840 tag or USDA NUES metal tag)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated date of movement: \_\_\_\_\_

## Applicant Agreement

This application was completed by: \_\_\_\_\_ on \_\_\_\_\_  
(Printed name) (Date)

**I affirm that all information on this application is true and accurate to the best of my knowledge.**

**I affirm that none of the animals in this shipment originate from or have spent time in a state that has had CWD, in cervids, in the last 5 years.**

Signature: \_\_\_\_\_

	Indiana State Board of Animal Health Discovery Hall Suite 100, 1202 East 38th Street, Indianapolis, IN 46205 317/544-2400; fax:317/974-2011; email: animalhealth@boah.in.gov
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