

Green CWD Labels

1. NO GREEN LABEL = NO TEST.

2. Heads with or without a skull cap can be tested. Please remove the neck.
3. Fill out **BOTH SIDES** of the label.
4. Precise location data of the deer kill is **REQUIRED**: **GPS or SEC/TWP/RGE** in addition to the **WMU**.
5. Attach tag securely to the ear or jaw of the head. **Remember you keep the bottom portion of the label.**

A GREEN LABEL is essential for us to track each head and send results back to you.

Please fill out BOTH sides

Hunter/Collector Information (Front of Label)

Attach this portion to the head. It contains all the information we need to get results back to you. Ensure tag is attached to head before sealing the bag so the tag and head do not get separated.

YOU KEEP THIS PORTION.
Test results will link the number to a particular deer. You may want to link each tag number to an individual animal at your residence.

Alberta Chronic Wasting Disease Program

Name: _____

Address: _____

Town: _____ Postal Code: _____

Phone Number: _____

WMY #: _____ or

Treaty or Metis #: _____

Tag #: _____

COMPLETION OF ENTIRE LABEL IS ESSENTIAL
PLEASE SUBMIT HEAD AND ATTACH THIS LABEL
(Please complete other side)

Alberta Chronic Wasting Disease Program

PLEASE LEAVE THIS PORTION OF THE LABEL ATTACHED TO HEAD
USE PENCIL ONLY

Alberta Chronic Wasting Disease Program

YOU KEEP THIS PORTION

For your reference, write your Tag# here:
Tag #: _____

See reverse for information on how to obtain results

Deer Information (Back of Label)

This information is **critical** for analysis of the CWD surveillance data. Provide kill location as **WMU plus** legal land description, latitude/longitude (in decimal degrees please!), or UTM. It is as important to know where CWD does NOT occur. Please do your best in determining the location and recording it.

Alberta Chronic Wasting Disease Program

Species: Mule Deer White-tailed Deer Elk

Kill Date: __/__/__

WMU: _____

Please complete at least one of:

1) Land Location: Sec. ____ Twp. ____ R. ____ W. ____

2) Lat/Long: ____° ____' ____" N/S ____° ____' ____" W/E

3) UTM: ____ E ____ N

COMPLETION OF ENTIRE LABEL IS ESSENTIAL
PLEASE KEEP SAMPLE FROZEN
(Please complete other side)

Alberta Chronic Wasting Disease Program

PLEASE LEAVE THIS PORTION OF THE LABEL ATTACHED TO HEAD
USE PENCIL ONLY

Alberta Chronic Wasting Disease Program

YOU KEEP THIS PORTION

For information about the results, please visit: www.alberta.ca/hunting/cwd
Please allow at least 8 weeks. You will need this number.

Thank you for supporting the Alberta CWD Surveillance Program.