



**2026-2027 Request for Captive Game Breeder
Whitetail Deer Genetic Testing Assistance**
Alabama Department of Agriculture & Industries

Facility Name:		Premises ID:	Date:	
Owner Name:		Manager Name:		
Address of Facility:		City:	State	Zip Code
Mailing Address (if different than facility):		City:	State:	ZIP Code:
Phone Number:	Email Address:			
License Number:		Requested Number of Deer to be Tested:		

Initial each line. If approved, I understand:

_____ I must provide a copy of the test results to the State Veterinarian's Office within 30 days of receiving said test results.

_____ Failure to provide test results to the State Veterinarian's Office within 30 days may prevent participation in future funding opportunities.

_____ I agree to develop and implement a herd management plan with the goal of removing animals that have a GEBV score greater than -0.056 from the herd. I understand that this management plan may include management actions such as culling, selective breeding, utilizing semen straws from animals with lower GEBV scores, acquiring animals with lower GEBV scores, or some combination of these actions.

_____ Data obtained from this project may be shared with USDA, the annual CWD Virtual stakeholder meeting, the National Assembly of State Animal Health Officials, the Alabama Deer Association, and other state or federal agencies.

Name of Herd Veterinarian:	Phone Number:
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Signature of Applicant:	Date:
Signature of State Veterinarian (or Designee):	Date:

Email this form to stvet@agi.alabama.gov

You will be notified whether this request has been approved or denied.

For Office Use Only:

Current CWD Certificate:	YES	NO
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Approved:	Denied:	Number of Deer to be Tested:	Date:
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