



# FARMED WHITETAIL DEER GENETIC TESTING AND REIMBURSEMENT REQUEST

NORTH DAKOTA DEPARTMENT OF AGRICULTURE  
ANIMAL HEALTH DIVISION  
SFN 62587 (12-2024)

			Date
Name of Producer			
Producer Address		City	State ZIP Code
Producer Telephone Number	Producer Email Address		
NTL License Number		Number of Deer to be Tested	

Initial each line. If approved, I understand:

- \_\_\_\_\_ I must provide a copy of the test results to the Animal Health Division within 30 days of receiving said test results.
- \_\_\_\_\_ Failure to provide test results to the Animal Health Division within 30 days may prevent participation in future funding opportunities.

Name of Herd Veterinarian	Telephone Number
Straws of Semen to be Purchased	

Initial each line. If approved, I understand:

- \_\_\_\_\_ I must provide receipt showing semen was purchased during the agreement period.
- \_\_\_\_\_ I must provide proof of the GEBV of the semen.
- \_\_\_\_\_ I must register as a vendor with the state to receive payment.

Email this form to [doa-bah@nd.gov](mailto:doa-bah@nd.gov); OR

Mail to:  
ND Department of Agriculture  
Animal Health Division  
600 East Boulevard Ave., Dept. 602  
Bismarck, ND 58505-0020

Signature of Applicant	Date
Signature of State Veterinarian (or designee)	Date

You will be notified by email within five days whether this request has been approved or denied.

*For Office Use Only:*

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date
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