



RECORD OF DEER PROCESSING

State Form 19433 (R7 / 9-24)

**PLEASE PRINT LEGIBLY!
USE ONLY ONE LINE PER NAME.
THANK YOU!**

**DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FISH AND WILDLIFE**
402 W. Washington Street, Room W273
Indianapolis, IN 46204
Telephone: (317) 232-4102

312 IAC 9-3-10(b) These records shall be retained by the person or persons responsible for preparation or maintenance for at least eighteen (18) months following that preparation.

Year		Page Number	
Name of processor			
Location of processor		County where located	
Processor's complete address (<i>street</i>)			
City	ZIP code	Area code and telephone number ()	

ANY PERSON OR COMPANY WHO RECEIVES DEER FOR PROCESSING AND CHARGES A FEE MUST MAINTAIN ACCURATE DAILY RECORDS CONTAINING THE FOLLOWING INFORMATION:

1. The date when such deer or parts were received.
2. The date(s) when the same were disposed of.
3. Name and complete address of the owner of the deer.
4. The sex of the deer.
5. The county and state or province from which the deer or deer parts were taken/harvested.
6. How the deer was killed; whether gun, archery or car.
7. Whether you be donating the deer to the Hunt for Hunger program.
8. The DNR confirmation number or BOAH Cervid Herd ID Number.

DATE IN <i>(mm/dd/yy)</i>	DATE OUT <i>(mm/dd/yy)</i>	NAME	ADDRESS <i>(street, city, state, ZIP code)</i>	TELEPHONE NUMBER	BUCK / DOE / ANTLERLESS*	WHERE KILLED <i>(county and state or province)</i>	HOW KILLED <i>(gun, arch., veh.)</i>	DONATED TO HUNT FOR HUNGER? <i>(Y/N)</i>	CONFIRMATION NUMBER
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* Anterless - buck with less than three inch (3") antlers.

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IN ADDRESS COLUMN, INCLUDE STREET, CITY, STATE, AND ZIP CODE.

DATE IN <i>(mm/dd/yy)</i>	DATE OUT <i>(mm/dd/yy)</i>	NAME	ADDRESS <i>(street, city, state, ZIP code)</i>	TELEPHONE NUMBER	BUCK / DOE / ANTLERLESS*	WHERE KILLED <i>(county and state or province)</i>	HOW KILLED <i>(gun, arch., veh.)</i>	DONATED TO HUNT FOR HUNGER? <i>(Y/N)</i>	CONFIRMATION NUMBER
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