



2025
**DEER
ANTELOPE
ELK**
Donor



Deboned Game Meat Donation Record
(Hunter pays total processing cost)

☐ One Deer

☐ One Antelope

☐ One Elk

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Hunter's Name on tag: (Please print) _____

Mentored Hunter's Name: (if applicable) _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone Number: _____ **License Number:** _____

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For donated deer, antelope or elk:

Date of harvest: _____

County of harvest (State of harvest if not South Dakota): _____

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NO TESTING FOR CHRONIC WASTING DISEASE IS REQUIRED FOR DONATED DEER OR ELK.

(Hunter Signature)

(Date)

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Processor company name: _____

Signature of company representative: _____ **Date:** _____