



# WILDLIFE REHABILITATION NON-RELEASABLE WILDLIFE REPORT

NAME \_\_\_\_\_

REPORT PERIOD: DEC 1, \_\_\_\_\_ TO NOV 30, \_\_\_\_\_

FACILITY NAME \_\_\_\_\_

PERMIT # \_\_\_\_\_

FACILITY ADDRESS \_\_\_\_\_

Yes    No   DO YOU POSSESS NON-RELEASABLE ANIMALS? IF YES, COMPLETE TABLE

\*INCLUDE DOCUMENTATION FROM THE LICENSED KY VETERINARIAN LISTED ON YOUR APPLICATION THAT CERTIFIES WILDLIFE MEETS THE CRITERIA TO BE KEPT AS A NON-RELEASABLE ANIMAL PER 301 KAR 2:075.

\* SUBMIT REPORT TO: [FWPermits@ky.gov](mailto:FWPermits@ky.gov) OR MAIL TO: KENTUCKY DEPARTMENT OF FISH AND WILDILFE RESOURCES, 1 SPORTSMAN'S LANE, FRANKFORT, KY, 40601, ATTENTION: WILDLIFE REHABILITATION PERMITS

DATE ACQUIRED	COUNTY AQUIRED	PERSON ACQUIRED FROM	SPECIES	ESTIMATED AGE	SEX M or F	INJURY THAT MEETS CRITERIA IN REGULATION	IDENTIFYING PHYSICAL CHARACTERISTICS	DATE DECEASED IF APPLICABLE