# Captive Cervid Annual Reporting Form
## Kentucky Department of Fish & Wildlife Resources

Current Permit # (Required): _____ Facility Site # (Required): _____
Name of Permittee: _____ Telephone: __(___)_____
Address: _____ State: ____ Zip: _____

Total Number of Animals in Captivity: _____
Species in Facility: _____

List each animal individually below **(Required)**:

| **Species** | **Metal Ear Tag #** (if applicable) | **Lip/ear Tattoo #** (if applicable) | **Flop Tag #** | **Flop Tag Color** | **Age** | **Sex** |
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**Mail Annual Reporting Form to:**
Kentucky Department of Fish & Wildlife Resources
#1 Sportsman's Lane
Frankfort, KY 40601
ATTN: Captive Cervid Permit

2017 Edition