

Certified Animal Euthanasia Specialist

## Annual Wildlife Euthanasia Report

## KENTUCKY DEPARTMENT OF FISH AND WILDLIFE RESOURCES

NAME:		PERMIT NUMBER:			
BUSINESS ADDRESS:		CITY	STATE:		
COUNTY:	PHONE:	EMAIL:			

THIS REPORT COVERS THE PERIOD: January 1, YEAR\_\_\_\_\_\_ THROUGH December 31, YEAR\_\_\_\_\_\_ \*NOTE: ENTER DATA FOR EACH INDIVIDUAL ANIMAL

DATE EUTHANIZED	SPECIES COLLECTED (COMMON NAME)	COUNTY OF COLLECTION	ADDRESS OF COLLECTION	REPORTABLE DISEASE CONCERN	SUBMITTED FOR TESTING (Y/N)	NAME OF LAB IF TESTED	RESULT OF TEST

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Use additional pages as necessary.