



## FOXHOUND TRAINING ENCLOSURE ANNUAL REPORT

### PERMIT HOLDER INFORMATION

Name \_\_\_\_\_ Permit #: \_\_\_\_\_

Training Enclosure Name: \_\_\_\_\_

Physical Address of Enclosure: \_\_\_\_\_

Reporting Period / Effective Dates of Permit: \_\_\_\_\_

### TRAPPER INFORMATION (enter information for additional trappers on a separate page)

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Trapping License #: \_\_\_\_\_ Captive Wildlife Permit #: \_\_\_\_\_

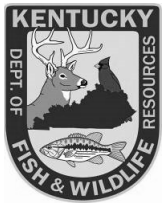
### SUBMIT REPORTING FORM WITHIN THIRTY (30) DAYS OF THE EXPIRATION OF THE PERMIT TO:

Email - FWPermits@ky.gov OR Mail – Kentucky Department of Fish and Wildlife Resources, 1 Sportsman’s Lane, Frankfort, KY 40601. Attention: Foxhound Training Enclosure Permits

CAPTURE DATE	SPECIES	COUNTY OF ORIGIN	DATE PLACED IN QUARANTINE PEN	DATE PLACED IN FOXHOUND TRAINING ENCLOSURE PEN







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Add additional pages if necessary.