

PERMIT HOLDER INFORMATION

Name			Permit #:	Permit #:		
Training Enclos	ure Name:					
Reporting Perio	d / Effective Date	s of Permit:				
TRAPPER INFO	ORMATION (ent	er information for ad	ditional trappers on a separate	page)		
Name			Phone Number	Phone Number		
Address:			City	CityStateZIP		
Trapping Licens	se #:		Captive Wildlife Pe	_ Captive Wildlife Permit #:		
Email - FWPerr	nits@ky.gov OR			ON OF THE PERMIT TO: Resources, 1 Sportsman's Lane,		
CAPTURE DATE	SPECIES	COUNTY OF ORIGIN	DATE PLACED IN QUARANTINE PEN	DATE PLACED IN FOXHOUND TRAINING ENCLOSURE PEN		



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

Add additional pages if necessary.

Report missing, escaped, or dead red fox or coyote below. Note! Diseased, sick acting, and escaped red fox/coyote must be reported to the Department Veterinarian within 24 hours and listed on this form. Red fox/coyote that are not diseased or acting sick may be reported at the end of the annual report cycle on this form.

DATE MISSING, ESCAPED, OR DEAD	SPECIES (RED FOX/COYOTE)	LIST ANY NOTES AVAILABLE ON THE OUTCOME OF THE RED FOX/COYOTE



Add additional pages if necessary.