



## WILDLIFE REHABILITATION ANNUAL REPORT

NAME \_\_\_\_\_

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

FACILITY NAME: \_\_\_\_\_ EMAIL \_\_\_\_\_ PERMIT # \_\_\_\_\_

ADDRESS \_\_\_\_\_

<sup>Yes</sup>  <sup>No</sup> DID YOU REHABILITATE WILDLIFE DURING THIS REPORT YEAR? IF YES, COMPLETE TABLE

SUBMIT FORM 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 RECEIVED	PERSON ACQUIRED FROM	COUNTY ACQUIRED FROM	SPECIES	OUTCOME: R=RELEASED T= TRANSFERRED E= EUTHANIZED D= DIED NR= NON-RELEASABLE	DATE RELEASED TRANSFERRED EUTHANIZED DIED	COUNTY RELEASED	DID ANIMAL RECEIVE VET CARE? YES OR NO	NAME OF VET	IF TRANSFERRED: PERSON TRANSFERRED TO

