

9/2002

**KENTUCKY DEPARTMENT OF FISH AND WILDLIFE RESOURCES  
WILDLIFE REHABILITATION  
ANNUAL REPORT FORM**

NAME: \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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**ANIMALS RECEIVED**

<b>QUANTITY</b>	<b>DATE RECEIVED</b>	<b>SPECIES</b>	<b>RELEASE LOCATION</b>	<b>DATE OF RELEASE</b>	<b>IF NOT RELEASED – OUTCOME</b>

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**EDUCATIONAL PROGRAMS**

<b>DATE/TIME</b>	<b>LOCATION</b>	<b>ANIMALS USED (SPECIES &amp; #)</b>	<b>NUMBER OF CONTACTS</b>