REHABILITATION REPORT FORM



Failure to maintain current records of wildlife rehabilitation services provided, or failure to submit reports from all facilities annually by January 31, will result in the immediate revocation of the rehabilitation permit.

Department of Wildlife and Parks Prima Name of Primary Permittee		Primary I	Primary Permittee Facility			Subpermittee	Facility	
			Name of Subpermittee					
Facility Name						Permit Number		Permit Year
Facility Address (Location)			City			State Zip Code		<u> </u>
Pate Received	Species Name		Initial Status	Final Status	Duration of Care	Age Status	Date of Disposition	Disposition Description