Arizona Game and Fish Department

FOR DEPARTMENT USE ONLY
Date Received _____
Received By _____
Date Reviewed _____

PLEASE PRINT OR TYPE

WILDLIFE REHABILITATION REPORT
DUE NO LATER THAN JANUARY 31

Report for Calendar Year _____

Name _____ Date of Birth _____ Phone _____

Address _____ City _____ State Zip _____

E-mail Address: _____ (if applicable)

Department ID Number/SSN: _____

Doing Business as: _____

Location/Address (if different than above) _____

City _____ State _____ Zip _____

Gender ____ Height ____ Weight ____ Eyes ____ Hair ____

Wildlife Rehabilitation permit# _____
Federal Permit # _____ Expiration Date _____

If you were authorized to have agents during this reporting period, list their names, addresses and phone numbers below:

Name _____ Date of Birth _____ Phone _____
Address _____ City _____ State _____ Zip _____

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_____ _____
LICENSEE SIGNATURE: I certify the information in this report to be true and correct. Date

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Animal	Condition at EOY	Method of acquisition	Where acquired	Date of disposition	Source	Location disposed	Status or disposition	Age class

Print Form