



## WILD ANIMAL REHABILITATION PERMIT ANNUAL REPORT

State Form 5204 (R3 / 6-11)

DEPARTMENT OF NATURAL RESOURCES

Department of Natural Resources  
Division of Fish and Wildlife  
402 W. Washington St., Rm. W273  
Indianapolis, IN 46204-2781  
Phone: (317) 233-6527  
Fax: (317) 232-8150

Name of Permit Holder \_\_\_\_\_

Annual Report for Year Ending \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

County \_\_\_\_\_

Telephone \_\_\_\_\_

E-mail \_\_\_\_\_

| Species<br>(Common Name) | Condition of<br>Animal | Date Animal<br>Received<br>(month, day, year) | Name and County<br>of Donor or<br>Other Source | Method of<br>Disposition | Location<br>of Disposition<br>(City, County) | Date of<br>Disposition<br>(month, day, year) |
|--------------------------|------------------------|---|--|--------------------------|--|--|
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NOTE: If additional space is necessary, please use additional sheets.

**CERTIFICATION:** Under the penalties of perjury (IC 35-44-2-1), I certify that the information in this report is a complete record of all of the wild animals (including birds, mammals, and reptiles) taken in for the purpose of rehabilitation and is true and correct to the best of my knowledge.

Signature of Permit Holder \_\_\_\_\_

Date (month, day, year) \_\_\_\_\_

Return this report along with renewal application by January 31 of each year to: Attn: Permit Coordinator; Division of Fish and Wildlife, 402 W. Washington St., Rm. W273, Indianapolis, IN 46204-2781.