State of Wisconsin Department of Natural Resources Bureau of Wildlife Management PO Box 7921, Madison WI 53707-7921 dnr.wi.gov

Wildlife Rehabilitation Quarterly Report

Form 2300-301 (R 3/04)

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dnr.wi.gov								Report Y	'ear		License Nu	umber	
Notice: Under s. 169.36, Wis. Stats., and s. NR 19.80, Wis. Adm. Code, widlife rehabilitators are required to submit quarterly reports to the department. This quarterly report shall consist of complete records of all transactions or activity for the previous quarter involving any wild animals of the following animal families: 1. Canidae (coyote, fox, wolf) , 2. Ursidae (bear) , 3. Mustelidae (badger, mink, otter, skunk, fisher, marten, wolverine) , 4. Felidae (bobcat, lynx, cougar) , or 5. Deer. The penalties for failure to submit reports may result in revocation of the rehabilitation license. Personal information collected will be used for program administration and enforcement purposes. The Dept. may provide this information to requesters as required by Wisconsin's Open Records law [ss. 19.31 - 19.39, Wis. Stats.].									Quarter Covered January 1 - March 31 April 1 - June 30 July 1 - Sepember.30 October 1 - December 31			Due Date April 30 July 31 October 31 January 31	
Licensee Last Name					First MI				Daytime Telephone Number			Alternate Telephone Number	
Street Address					City County						State	ZIP Code	
Date Admitted	Species	Number Admitted	Sex	/ Age	Location Obtained	Diagnosis	/Cause	Disposition/ Date			Location Released/Transferred		

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Date Admitted	Species	Number Admitted	Sex / Age	Location Obtained	Diagnosis/Cause	Disposition/ Date	Location Released/Transferred	
I hereby certify the foregoing information is true and correct. I understand that providing incorrect information may result in revocation of my license and possible penalties								
Signature of	Licensee	C	Date Signed					