State of Wisconsin Department of Natural Resources Wildlife Rehabilitation Liaison, WM/4 PO Box 7921, Madison WI 53707-7921 dnr.wi.gov

Form 2300-302 (R 3/04)

Page 1 of 2

Notice: Under s. 169.36(9)(b), Wis. Stats., and s. NR 19.80, Wis.Adm. Code completed wildlife rehabilitation annual reports must be submitted to the department. 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 Department may provide this								Annual Report Due January 31				
information	to requesters as required by Wi	isconsin's Open	Records law	[ss. 19.31 - 19.3	39, Wis. Stats.].		Report Y	ear		License	Number	
Instruction												
Licensee Last Name			First	First			Daytime Telephone Number			Alternate Telephone Number		
Street Address			City	City			<u> </u>			State	ZIP Code	
Date Admitted	Species	Number Admitted	Sex / Age	Location Obtained	Diagnosis	l Diagnosis/Cause		Disposition/ Date Locat		cation Rele	ation Released/Transferred	

Continued On Back

Wildlife Rehabilitation Annual ReportForm 2300-302 (R 3/04)Page 2 of 2

Date Admitted	Species	Number Admitted	Sex / Age	Location Obtained	Diagnosis/Cause	Disposition/ Date	Location Released/Transferred	
l hereby cer	tify the foregoing information is true	possible penalties.						
Signature of	fLicensee	Date Signed						