Michigan Department of Natural Resources – Wildlife Division

WILDLIFE REHABILITATION PERMIT REPORT

Required under the authority of the Wildlife Conservation Order, Chapter V, Sections 5.70, as amended.
Failure to comply with the provisions of this permit may result in criminal prosecution and permit revocation

REPORT YEAR

State regulations require that permittees maintain an up-to-date record of all animals in their possession for each facility and file a calendar year report. Except for migratory birds possessed under federal permit, this report must be used to maintain this record. Migratory birds possessed under the authority of us fish & wildlife service permit may be reported upon the form furnished by us fish & wildlife service. Each facility that keeps animals for 48 hours or longer must maintain this record on the premises. If this facility was listed on your permit but, in fact, no animals were kept at this facility for 48 hours or longer, indicate **none** on this report.

Please Print Legibly.

REPORT DUE BY JANUARY 31 FOR PREVIOUS CALENDAR YEAR

PERMITTEE INFORMATION		
Permittee's Name and Business (If applicable)	Permit Number	County
Street Address of Facility (No PO Boxes)	Current Telephone Number ( )	Email
City, State, ZIP	☐ Yes ☐ No Subpermitte(s) annual report included.	

ANIMALS ACQUIRED SPECIES (COMMON NAME)	DATE ACQUIRED	COUNTY OF ORIGIN	CONDITION WHEN ACQUIRED	NAME AND CITY OF DONOR (OR OTHER SOURCE)	NAME AND CITY OF REHABBER IF TRANSFERRED	FINAL DISPOSITION OF EACH ANIMAL AND DATE	COUNTY OF RELEASE

Mail, FAX or Email this Report and a Copy of the US Fish & Wildlife Service Form, if Used, for Each Calendar Year **Must be Submitted by January 31** to:

Wildlife Division - Permit Specialist
Michigan Department of Natural Resources
PO Box 30444
Lansing MI 48909-7944
FAX: 517-335-6604
Email: reitzc@michigan.gov

Failure to Comply With the Provisions of This Permit may Result in Criminal Prosecution and Permit Revocation.

Permittee's Signature _____ Date _____

Permittee - Keep a copy for your records.

Approved by: _____ Date:_____