Kansas Department of Wildlife, Parks and Tourism

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Form 3

REHABILITATION REPORT FORM

Failure to maintain current records of wildlife rehabilitation services provided, or failure to submit reports from all facilities annually by January 31, will result in the immediate revocation of the rehabilitation permit.

☐ **Primary Permittee Facility** ☐ **Subpermittee Facility**

Name of Primary Permittee ____________ Name of Subpermittee ____________

Facility Name ____________ Permit Number ____________ Permit Year ____________

Facility Address (Location) ____________ City ____________ State ____________ Zip Code ____________

Date Received	Species Name	Initial Status	Final Status	Duration of Care	Age Status	Date of Disposition	Disposition Description
	American Bittern						
	American Goldfinch						
	White-Tailed Deer						