

IOWA WILDLIFE REHABILITATION REPORT

APPLICANT INFORMATION:				
Last Name:		First Name:		
Mailing Address:			Phone #:	
City:	State:			Zip:
County:	License Year:		License	#:

Code of Iowa 481A.65; Each holder of a license or permit shall, by January 31 of each year, file with the Department a report showing all specimens collected or possessed under authority of the license or permit. Upon a showing of cause the department may enter and inspect the premises and collections authorized by this section. A license or permit may be revoked at any time for cause.

The following code should be used to indicate disposition:

D – Died P – Pending	PC – Permanently I – Placed with Inst	Crippled E – Euthanized titution (Give Name of Institution)	R – Released
SPECIES	DATE RECEIVED	REASON OBTAINED	DISPOSITION/DATE

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