VIRGINIA DEPARTMENT OF GAME AND INLAND FISHERIES ANNUAL REHABILITATION REPORT SUMMARY

For period covering January 1st through December 31st - Due February 1st annually

NAME_____**VDGIF PERMIT#** _____

ADDRESS:_____

PAGE_____**OF**_____**DATE** _____

Species Common Name (Please be specific)	Number Still in Possession	Number Transferred for Further Rehab	Number Kept or Transferred for Exhibiting	Number Kept as Surrogates	Number Euthanized	Number That Died	Number Released

NOTE: Please indicate "None" and sign if you did not rehabilitate animals/birds this permit year.

Permittees are still responsible for maintaining detailed patient records that include species name, date received, person received from, reason obtained, final disposition, and date of disposition. Records are open to inspection by VDGIF personnel and complete copies may be requested by the Department at any time.

SIGNATURE:_____DATE: _____

RETURN TO: Virginia Department of Game & Inland Fisheries, Permit Section, P. O. Box 3337, Henrico, VA 23228-3337

December, 2016