Annual Rabies Vector Species Rehabilitation Activity Report

Name:_____ Wildlife Rehabilitation License#:_____

Date Received	Species (be specific)	County of Origin	Sex	Estimated age[1]	Disposition[2]	Transferred to Name/WR License	Date of Disposition	County of Release	Release Address Specific Location

[1]**Estimated age: juvenile, subadult, adult, undetermined**

[2]**Disposition: euthanized, died, released, transferred, other (specify if other)**

Revised 3/22