IOWA DEPARTMENT OF NATURAL RESOURCES
Licensing Section
502 East 9th Street, Des Moines, IA 50319-0034
(515) 725-8200 www.iowadnr.gov

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 **PC – Permanently Crippled** **E – Euthanized** **R – Released**
P – Pending **I – Placed with Institution (Give Name of Institution)**

SPECIES	DATE RECEIVED	REASON OBTAINED	DISPOSITION/DATE

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

SPECIES	DATE RECEIVED	REASON OBTAINED	DISPOSITION/DATE