

APPLICANT INFORMATION:

IOWA DEPARTMENT OF NATURAL RESOURCES

Licensing Section
6200 Park Ave Ste 200, Des Moines IA 50321
(515) 725-8200 | www.iowadnr.gov

IOWA WILDLIFE REHABILITATION REPORT

Last Name:	ame: First Name:				
Mailing Address:					
City:		State:		Zip:	
County:	License Year:		License	#:	
_ :	ected or possessed under a	uthority of the license or	permit. Upon a showii	he Department a report ng of cause the department ay be revoked at any time for	
The following code should	be used to indicate disposi	tion:			
D – Died P – Pending	PC – Permanently I – Placed with Ins	Crippled E – Euthar titution (Give Name of I		R – Released	
SPECIES	DATE RECEIVED	REASO	N OBTAINED	DISPOSITION/DATE	
	-				

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

04/2024 cmc DNR Form 542-0257

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