Connecticut Department of
Energy & Environmental Protection
Bureau of Natural Resources
Wildlife Division

WILDLIFE REHABILITATOR ANNUAL REPORT FORM
DEER

Name of Rehabilitator: _____ Reporting Year: _____

Total #	Age*	Finder / Town	Reason for Acquisition**	Date Received	Disposition***			Ear Tag
					Status	Date	Location (if released)	

* A-Adult, I-Immature
** HBC-Hit by Car, D-Dog Attack, O-Other (specify)
*** D-Died, E-Euthanized, R-Released, O-Overwintered, P-Pending, N-Non-releasable