## **Annual Rabies Vector Species Rehabilitation Activity Report**



Name:	Wildlife Rehabilitation License#:

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

<sup>1</sup>Estimated age: juvenile, subadult, adult, undetermined

<sup>2</sup>Disposition: euthanized, died, released, transferred, other (specify if other)