

# Annual Report Form

## Controlled Fox Hunting Preserve (CFP)

Operator Name: \_\_\_\_\_ CFP Name: \_\_\_\_\_

Report Date: \_\_\_\_\_ CFP License Number: \_\_\_\_\_

CFP County: \_\_\_\_\_

Complete the following information for the past 12 months.

Species	Number added to the facility	Number removed from the facility	Number currently at the facility
Red Fox			
Gray Fox			
Coyote			
Other			

**Return completed form to:**

N.C. Wildlife Resources Commission  
License Section  
1707 Mail Service Center  
Raleigh, NC 27699-1700