



GAME BIRD / GAME ANIMAL - Quarterly Report

Date: _____ **Permit Number:** _____

IMPORTANT NOTICE

Report any suspicious mortality of white-tailed deer at your facility to the Office of Fish and Wildlife Health and Forensics IMMEDIATELY at (908) 735-6398. Chronic Wasting Disease is characterized by emaciation. If Chronic Wasting Disease is suspected, preserve the retropharyngeal lymph nodes by removing the head and refrigerating (not freezing) the specimen.

Reporting Period (Check one):

- _____ January 1 – March 31
- _____ April 1 – June 30
- _____ July 1 – September 30
- _____ October 1 – December 31

Permit Type (Check one):

- _____ Animal Exhibitor
- _____ Animal Theatrical
- _____ Cooperator
- _____ Zoological

Name: _____

Address: _____

County: _____

Phone Number: _____

List each game species and quantity of each species in your possession at the present time. Attach additional sheets if needed.

Species	Quantity	Gender

List the game species and quantity of each species born during the reporting period. Attach additional sheets if needed.

Species	Quantity Born

List the game species acquired by purchase or transfer during this reporting period. Include any that have been placed with you by the DFW. Attach additional sheets if needed.

Quantity	Species	Gender	From (Name & Address)	Date Obtained

List the game species sold or transferred. Use additional sheets if needed.

Quantity	Species	Gender	To (Name & Address)	Date of Transfer

List the game species that died or were euthanized. Use additional sheets if needed.

Quantity	Species	Gender	Date of Death	Reason for Euthanasia	Method

List the educational programs provided with the wildlife species in your possession during this time period, with the location of the program and the approximate audience size.

Do you wish to continue your permit (Check one): Yes No

I certify that the information in this report is accurate to the best of my knowledge:

Signature

Print Name

Date

Return to:
NJ Division of Fish and Wildlife
Captive Game Permits
1 Eldridge Rd.
Robbinsville, NJ 08691-3476

or email to: Krista.Laws@dep.nj.gov

or fax to: (609) 259-8155