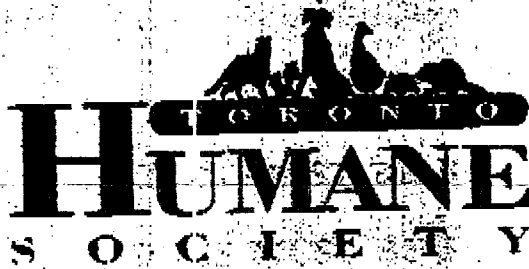


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TO

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WILDLIFE REHABILITATION

RS 7/11

PROPERTY FOR REHABILITATION/RELEASE

NAME _____

ADDRESS _____

TEL: HOME: _____ WORK: _____

PROPERTY ADDRESS IF DIFFERENT FROM HOME: _____

TEL: _____

TEL: _____

TEL: _____

TEL: _____

WHAT IS YOUR INTEREST IN HELPING WILDLIFE?

ARE YOU WILLING TO: FOSTER ☐ AND/OR ☐ RAISE ON PROPERTY ☐REHABILITATE ☐ AND/OR ☐ RELEASE ON PROPERTY ☐OTHER ☐ _____

LOCATION OF PROPERTY: TOWN, TOWNSHIP, ETC. _____

DESCRIPTION OF PROPERTY: ACREAGE _____ COVER: PASTURE/FIELD ☐ BUSH ☐WATER: POND ☐ STREAM/CREEK ☐ RIVER ☐ IS THE WATER AVAILABLE YEAR ROUND? YES ☐ NO ☐BUILDINGS/STRUCTURES OR ENCLOSURES: YES ☐ NO ☐BARN ☐ SHED ☐ GARAGE ☐ CAGES ☐ OTHER ☐DOES SOMEONE LIVE ON PROPERTY: YEAR ROUND ☐ SPRING ☐ SUMMER ☐ AUTUMN ☐ WINTER ☐

IF PROPERTY IS RECREATIONAL, IE. COTTAGE, WHEN IS IT USED? _____

PLEASE LIST ANY REHABILITATION/WILDLIFE EXPERIENCE _____

PLEASE LIST TYPE OF VEGETATION AND TREES ON PROPERTY (IE. MIXED, DECIDUOUS, EVERGREEN, ETC.) _____

PLEASE LIST ANY NATIVE WILDLIFE SEEN REGULARLY ON PROPERTY _____

WHICH SPECIES OF WILDLIFE ARE YOU INTERESTED IN HELPING? _____

COMMENTS: _____