



GAME BIRD / GAME ANIMAL - Quarterly Report

Date: _____ Permit Number: _____

IMPORTANT NOTICE

Report any suspicious mortality of white-tailed deer at your facility to the Captive Game Permit Office IMMEDIATELY at 908-735-7040. 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 DEP
Division of Fish and Wildlife
Captive Game Permits
Mail Code 501-03
P.O. Box 420
Trenton, NJ 08625-0420

or fax to: NJDFW Captive Game Permits (609)984-1414