



# GAME BIRD / GAME ANIMAL - Quarterly Report

(12/2011)

Date: \_\_\_\_\_

Reporting Period:  
(Check One)

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

Permit Number: \_\_\_\_\_

- 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	Sex
_____		
_____		
_____		
_____		
_____		

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

Species	Quantity Raised
_____	
_____	
_____	
_____	

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	Sex	From (Name & Address)	Date Obtained

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

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

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

Quantity	Species	Sex	Date of death	Reason for Euthanasia	Method

**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, Mail Code 501-03, Division of Fish and Wildlife, Captive Game Permits, PO Box 420, 501 East State Street, Trenton, NJ 08625 – 0420; or fax to NJDFW Captive Game Permits 609-984-1414.