



# GAME BIRD / GAME ANIMAL - Quarterly Report

(10/05)

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

**Reporting Period:** January 1 – March 31  
(Circle One) April 1 – June 30  
July 1 – September 30  
October 1 – December 31

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

**Permit Type:** (Circle 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 |
|---------|----------|
| _____   | _____    |
| _____   | _____    |
| _____   | _____    |
| _____   | _____    |
| _____   | _____    |

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

| Species | Quantity Raised |
|---------|-----------------|
| _____   | _____           |
| _____   | _____           |
| _____   | _____           |
| _____   | _____           |

Game species acquired by purchase or transfer. Also include any that have been placed with you by the DFW. Attach additional sheets if needed.

| <b>Quantity</b> | <b>Species</b> | <b>From (Name &amp; Address)</b> | <b>Date Obtained</b> |
|-----------------|----------------|----------------------------------|----------------------|
| _____           | _____          | _____                            | _____                |
| _____           | _____          | _____                            | _____                |
| _____           | _____          | _____                            | _____                |
| _____           | _____          | _____                            | _____                |

Game species euthanized or disposed of other than by sale or transfer. Use additional sheets if needed.

| <b>Quantity</b> | <b>Species</b> | <b>Explain reason for euthanasia/disposal</b> | <b>Method</b> |
|-----------------|----------------|---|---------------|
| _____           | _____          | _____   | _____         |
| _____           | _____          | _____   | _____         |
| _____           | _____          | _____   | _____         |
| _____           | _____          | _____   | _____         |

**Do you wish to continue your permit:** Circle 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:** State of New Jersey  
Department of Environmental Protection  
Division of Fish and Wildlife  
Captive Game Permits  
PO Box 400 / 501 East State Street  
Trenton, NJ 08625 – 0400