Connecticut Department of
Energy & Environmental Protection
Bureau of Natural Resources
Wildlife Division

WILDLIFE REHABILITATOR ANNUAL REPORT FORM
BATS

Name of Rehabilitator: _____ Reporting Year: _____

Species	Date Received	# Received	Age*	Where Acquired?		Reason for Acquisition**	Disposition***	
				Name	Address (including town)		Status	Date

* A-Adult, I-Immature
** WNS, C-Cat Attack, D-Dog Attack, O-Other (list)
*** D-Died, E-Euthanized, R-Released, O-Overwintered, P-Pending, N-Non-releasable