Annual White-tailed Deer Fawn Rehabilitation Activity Form

| Name: | White-tailed Deer Fawn Rehabilitation Permit #: |
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| Date Received | County of Origin | Sex | Tag Number | Date of Transfer | Disposition | Date of Disposition | County of Release |
|---------------|-------------------|-------|------------|------------------|-------------|---------------------|-------------------|
| Date Received | Journey of Origin | JULIA | rag Namber | Date of Transier | Disposition | Bute of Bisposition | County of Resease |
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