

**TEXAS PARKS AND WILDLIFE DEPARTMENT**  
**RECEIPT FOR DONATION OF FISH OR WILDLIFE SPECIMENS**

**SOURCE (DONOR) - Individual/Organization Transferring Specimens**

<b>Permittee Name</b>		<b>Permit Type</b>	
<b>Permit Number</b>		<b>Expiration Date</b>	
<b>Organization</b>			
<b>Phone</b>		<b>Email</b>	
<b>Address</b>			

**DESTINATION (RECIPIENT) - Individual/Organization Receiving Specimens**

<b>Permittee Name</b>		<b>Permit Type</b>	
<b>Permit Number</b>		<b>Expiration Date</b>	
<b>Organization</b>			
<b>Phone</b>		<b>Email</b>	
<b>Address</b>			

**SPECIMEN DETAILS**

Scientific Name	Common Name	Qty	Status	Date of Transfer	Purpose of Transfer
			<input type="checkbox"/> Live <input type="checkbox"/> Dead <input type="checkbox"/> Non-Releasable		
			<input type="checkbox"/> Live <input type="checkbox"/> Dead <input type="checkbox"/> Non-Releasable		
			<input type="checkbox"/> Live <input type="checkbox"/> Dead <input type="checkbox"/> Non-Releasable		
			<input type="checkbox"/> Live <input type="checkbox"/> Dead <input type="checkbox"/> Non-Releasable		
			<input type="checkbox"/> Live <input type="checkbox"/> Dead <input type="checkbox"/> Non-Releasable		
			<input type="checkbox"/> Live <input type="checkbox"/> Dead <input type="checkbox"/> Non-Releasable		
			<input type="checkbox"/> Live <input type="checkbox"/> Dead <input type="checkbox"/> Non-Releasable		
			<input type="checkbox"/> Live <input type="checkbox"/> Dead <input type="checkbox"/> Non-Releasable		
			<input type="checkbox"/> Live <input type="checkbox"/> Dead <input type="checkbox"/> Non-Releasable		
			<input type="checkbox"/> Live <input type="checkbox"/> Dead <input type="checkbox"/> Non-Releasable		

**Note:** Non-Releasable status is restricted to specimens expressly listed on rehabilitation permits with veterinary documentation supporting the determination that release to the wild is not viable.

**CERTIFICATION**

**Source (Donor) Certification:** I certify that I am authorized by my permit to transfer the above-listed specimens to the recipient identified above and that all information provided is true and correct.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Destination (Recipient) Certification:** I certify that I am authorized by my permit to receive the above-listed specimens from the donor identified above and will maintain them in accordance with all applicable regulations.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Both parties must retain copies of this completed form. Submit with annual reports as required. For endangered species, additional federal permits may be required. This form may be reproduced as necessary.*