

# OREGON DEPARTMENT OF FISH AND WILDLIFE - WILDLIFE REHABILITATION REPORT

## Report for the period ending:

State regulations require semi-annual reporting of your operations. Failure to comply is cause for permit revocation. Please list all wildlife held under the authority of your permit for the reporting period. **If you conduct Triage only work with birds & raptors, please write Triage Only on the Federal Permit line.**

NAME: \_\_\_\_\_ BUS PHONE: \_\_\_\_\_ STATE PERMIT # \_\_\_\_\_ FEDERAL PERMIT # \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**check if new address**

Continuing Education, & working under an active licensed wildlife rehabilitator, page 4

**A. New Wildlife Received.** Please provide a summary of all wildlife acquired during the report period.

**Disposition Codes: R=Released; P=Pending; D=Died; E=Euthanized; T=Transferred**

Intake No.	Date Received	Common Name	Scientific Name	Location where species was found			Describe Injury & Cause	Orphan	Disposition <sup>1</sup>					Disposition of Carcass <sup>2</sup>	Date of Disposition
				Street	City	ST			R	P	D	E	T		

<sup>1</sup> If wildlife was transferred (live or dead), provide additional information below in Table C

<sup>2</sup> Provide the **exact** physical location of release site (e.g., street address, city, UTM's or legal description), carcass disposal site, or transfer recipient





**E. List continuing education, training, and/or meetings (pertaining to Wildlife Rehabilitation) you attended or completed since last application. Attach CE certificate.**

Conference/Class/Workshop/Webinar, etc	Date Attended	# of hours	Facilitator/Trainer/Teacher	Location

**F. Work under another active licensed rehabber: \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, the licensed rehabber must complete & sign the portion below.**

**Name:** \_\_\_\_\_ **Permit Number:** \_\_\_\_\_ **You must have received and rehabilitated wildlife at your facility during the last 180 day report period to qualify as an active rehabber.**

**Number of hours of work done in the last 180 days:** \_\_\_\_\_

**Description of duties performed:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***I certify that the information I have provided is true and accurate:*** \_\_\_\_\_

**Mail to: ODFW Wildlife Division 4034 Fairview Industrial Drive SE Salem OR 97302**  
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**Fax: 503-947-6330**