

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 ¹					Disposition of Carcass ²	Date of Disposition
				Street	City	ST			R	P	D	E	T		

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

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

ODFW Rehabilitation Permit Report Form - Period Ending: _____ Permit No: _____

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: _____

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