

# OREGON DEPARTMENT OF FISH AND WILDLIFE - WILDLIFE REHABILITATION REPORT FORM

**Reporting Period:** January to June: \_\_\_\_\_ July to December: \_\_\_\_\_ **Year:** \_\_\_\_\_ **State Permit No:** \_\_\_\_\_

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: \_\_\_\_\_ 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 (Address / City / State)	Describe Injury & Cause	Orphan (Y/N)	Disposition <sup>1</sup>					Disposition of Carcass <sup>2</sup>	Date of Disposition
							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

**B. Heldover from previous report period - by individual species.**

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

Intake No.	Common Name	Scientific Name	Date Received	Describe Injury	Disposition					Disposition of Animal	Date of Disposition
					R	P	D	E	T		

**C. Transfers.** Please complete for individual wildlife transferred during this report period.

**Please use the following codes for purpose of transfer: R=Release; C=Continued Care; Live-E/S=Live Education or Scientific Purposes; Dead-E/S=Dead Education or Scientific Purposes.** Please also indicate the ODFW representative that approved the transfer.

Common Name	Scientific Name	Transferred to (Recipient)			Purpose of Transfer	ODFW Rep
		Name	Permit # or Address	Date		

**D. Prohibited species.** Please list the prohibited species you received during this report period.

**Disposition Codes: D=Died; E=Euthanized; T=Transferred**

Common Name	Scientific Name	Date Received	Disposition of Carcass			Date of Disposition	Name & Date of Transferred
			D	E	T		

**Certification:** I certify that the above information is true and correct to the best of my knowledge. I understand that any false statement herein may be cause to revoke my wildlife rehabilitation permit.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

**F. Did you work under another active licensed rehabber? \_\_\_\_\_ Yes \_\_\_\_\_ No**  
 If yes, the licensed rehabber must complete & sign the portion below.

**Name of Permitted Rehabber:** \_\_\_\_\_ **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

**Email to:** Marianne.E.Neighbor@odfw.oregon.gov