

Wildlife Rehabilitator Log Tally

REV: 12/06

Please Refer to Instructions Before Completing Tally

1. Last Name	<input type="text"/>	First Name	<input type="text"/>	M.I.	<input type="text"/>
Business /Organization Name (If Applicable) <input type="text"/>					
3. Street 1	<input type="text"/>			2. Telephone # Day	<input type="text"/>
Street 2	<input type="text"/>			Telephone # Night	<input type="text"/>
City/Town	<input type="text"/>		State	<input type="text"/>	Zip Code <input type="text"/>
3. County	<input type="text"/>	4. DEC Region Number	<input type="text"/>	5. Email Address <input type="text"/>	
6. NYS License Number	<input type="text"/>	7. Federal Permit Number	<input type="text"/>	Federal Permit Exp. Date <input type="text"/>	
8. Do you want your name to appear on the statewide list of Wildlife Rehabilitators?				<input type="checkbox"/> YES	<input type="checkbox"/> NO

Housing and Animal Specialization

9. Species Accepted (Check all that apply): NOTE: TO REHABILITATE RAPTORS, WATERFOWL, AND MOST PASSERINES YOU MUST HAVE A FEDERAL PERMIT	<input type="checkbox"/> Large Mammals	<input type="checkbox"/> Passerines	10. Specialized Caging (Check all that Apply)	<input type="checkbox"/> Neonatal Care	<input type="checkbox"/> Emergency Care
	<input type="checkbox"/> Small Mammals	<input type="checkbox"/> Game Birds		<input type="checkbox"/> Juveniles	<input type="checkbox"/> Pre-Release
	<input type="checkbox"/> Raptors	<input type="checkbox"/> Waterfowl		<input type="checkbox"/> Adults	<input type="checkbox"/> Soft Release
	<input type="checkbox"/> Reptiles and Amphibians				

Disposition of Wildlife: Summarize the information from your Wildlife Rehabilitation Logs. Provide the totals in the appropriate box and columns.

11. CODE AND DISPOSITION		Birds	Mammals	Reptiles	Amphibians
R	Released to the Wild				
P	Disposition pending, still under my care				
T	Transferred to another Wildlife Rehabilitator for continued care				
PC	Permanently non-releaseable, transferred to a NYS licensed person				
I	Permanently non-releasable, transferred to a NYS licensed Ed. Institute				
D	Died, under care or prior to receiving care				
E	Euthanized				
TOTALS					

Last Name: _____ First Name: _____

12. Distress Letter Code	Birds	Mammals	Reptiles	Amphibians
A-1 Parents whereabouts unknown				
A-2 Parents killed by domestic pet				
A-3 Parents known killed by car				
A-4 Unnecessary human intervention				
B-1 Collision w/vehicle				
B-2 Collision w/window or building				
B-3 Collision w/phone or power line				
C-1 Injured by cat				
C-2 Injured by dog				
C-3 Injured by human				
C-4 Injured by natural predator				
C-5 Unknown				
D-1 Shot (gun or arrow)				
D-2 Trap injury				
D-3 Mower/tiller/hay baler injury				
D-4 Other (provide total number)				
E-1 Entrapped in building				
E-2 Entrapped in fireplace/chimney				
E-3 Entrapped in window-well				
E-4 Head in jar/can				
F-1 Tangled in fishing line				
F-2 Tangled in beverage holder				
F-3 Tanged in string or wire or other				
G-1 Oil				
G-2 Gas				
G-3 Other (provide total number)				
G-4 Unknown				

Distress Letter Code	Birds	Mammals	Reptiles	Amphibians
H-1 Ingestion of lead (suspected)				
H-2 Ingestion of lawn chemicals				
H-3 Ingestion of antifreeze				
H-4 Other (provide total number)				
H-5 Unknown				
I-1 Internal parasites				
I-2 External parasites				
J- Developmental anomaly				
K- Bacterial Infection (suspected)				
L-1 Distemper (suspected)				
L-2 Avian pox (suspected)				
L-3 Other (provide total number)				
L-4 Unknown				
M- Natural disturbance				
N-1 Nest removed/tree cut				
N-2 Building or construction				
N-3 Other (provide total number)				
O- Other (provide total number)				
P- Unknown (provide total number)				

YOU MUST PROVIDE THE ORIGINAL COPIES OF YOUR "ANNUAL WILDLIFE REHABILITATION LOG TALLY" SHEET TOGETHER WITH YOUR WILDLIFE REHABILITATION LOGS AT THE END OF THE LICENSE YEAR TO INITIATE THE RENEWAL OF YOUR LICENSE. THESE DOCUMENTS ARE DUE ON OR BEFORE DECEMBER 1, OF THE LICENSE YEAR.

Notice: Pursuant to ECL Section 3-0301(2)(Q) False Statements Made On This Application are Punishable Pursuant to Section 210.45 of The New York State Penal Code.

Date _____

Signature of Licensee _____