WILDLIFE DIVISION WILDLIFE REHABILITATION PROGRAM 79 ELM STREET HARTFORD, CT 06106 (860)424-3011

Wildlife Rehabilitation Report Form Sec. 26-54 as amended

| | | | | Report For Ye | ear Ending | | |
|---|--|-------------|----------------|-------------------|--------------------|--|--|
| Appointee | Name and Institution | | | | Date | | |
| | Name and Institution | | | | | | |
| Address | Town | State | Zip | | Telephone # (home) | | |
| Telephone # (wo | rk/cell) | _ | | e-mail address | | | |
| Location where activ | vities are conducted: | | | | | | |
| Request Appointment | nt Be Renewed? Yes | No | Do you wa | nt to be in the d | irectory? Yes No | | |
| What species do you | want to be listed for in Dir | rectory?_ | | | | | |
| Which contact infor | mation should be posted? (p | please cire | cle the ones y | ou wish listed) | Home phone | | |
| work phone/c | ell email | C | Other: | | | | |
| USF&W Special Pu | rpose Rehabilitation Permit | :# | | Expiration I | Date: | | |
| Are you able to trair | apprentices? Yes N | Ő | | | | | |
| Totals: Mammals Birds Reptiles/Amphibians = Grand Total | | | | | | | |
| Appointee Signature | | | | | | | |
| Note: Reports are du | e annually by January 31 st . | Return | report forms | to the above add | lress. | | |
| | REPOR | FING IN | STRUCTIO | NS | | | |

- This **report cover page** is <u>required</u> from all individuals even if you did not actively rehabilitate animals and/or you do not wish to renew your appointment.
- The newer report forms only require that you fill out the **total number** of individuals by species or by group of species. Individual records should be retained for your files.
- You must have a federal permit to handle **Migratory Bird** species. If you do not have a federal permit and you cared for a migratory bird you must fill out a detailed report for each individual record.
- **Raccoons, Skunks and Foxes** (RVS) must be reported on special RVS forms even if you only transferred these individuals to another wildlife rehabilitator.
- When noting the disposition use one of the following: released, holding (who and where), died, or euthanized, along with the date.
- Transferred individuals must be reflected on a Transfer Report sheet along with the date of transfer.
- State and Federally listed species must be reported on a **Special Animal Report Form**. A list of state listed species can be found at: <u>http://www.dep.state.ct.us/cgnhs/nddb/species.htm</u>.

MAMMALS



Report for CT Dept. of Environmental Protection

Year:_____

Appointee:

| | | | # attacked | #attacked | 1 | | | | |
|-------------------------------|---------|--------------|------------|-----------|------------|--------|--------------|----------------|-----------------|
| Species | TOTAL # | # Hit By Car | by cats | by dogs | # Released | # Died | # Euthanized | # Transferred* | # Over wintered |
| Gray Squirrel | | | | | | | | | |
| Red Squirrel | | | | | | | | | |
| S. Flying Squirrel | | | | | | | | | |
| N. Flying Squirrel | | | | | | | | | |
| Cottontail Rabbit | | | | | | | | | |
| New Eng. Cottontail | | | | | | | | | |
| Opossum | | | | | | | | | |
| Mice, voles, moles, shrews | | | | | | | | | |
| Chipmunk | | | | | | | | | |
| Woodchuck | | | | | | | | | |
| Muskrat, Beaver | | | | | | | | | |
| Bats | | | | | | | | | |
| Mink, weasel, otter | | | | | | | | | |
| Porcupine | | | | | | | | | |
| Deer | | | | | | | | | |
| Other: | | | | | | | | | |

Please note that a separate report is needed for Raccoons, Skunks and Foxes and for some bat species.

Wildlife Rehabilitation Log - RVS

Appointee: _____

Page _____

Date: _____

Location of Activities _____

| | Obtained From: (Original Finder) | Site of Origin: | Cause of Distress: |
|---------------------|----------------------------------|------------------------|--------------------|
| | | | |
| | | | orphan? Other? |
| species | | Address | |
| | Name | | |
| | | City | |
| approx. age/weight | Address | | |
| approx. age/ weight | , address | | Final Dianasitian |
| | | Rabies Advisory Notice | Final Disposition |
| | City | | Release location: |
| Date received | | Yes | |
| | Telephone | No why not? | Euthanized Died |
| | | | Date: |
| | | | |
| | | | |
| | Obtained From: (Original Finder) | Site of Origin: | Cause of Distress: |
| | , <u> </u> | | orphan? Other? |
| | | | |
| species | | Address | |
| | Name | | |
| | | City | |
| approx. age/weight | Address | | |
| | | Rabies Advisory Notice | Final Disposition |
| | City | | |
| | City | | Release location: |
| Date received | | Yes | |
| | Telephone | No why not? | Euthanized Died |
| | | | Date: |

BIRDS

Appointee:



Report for CT Dept. of Environmental Protection

Year:_____

attacked #attacked TOTAL # # Hit By Car by cats **Species** by dogs # Released # Died # Euthanized # Transferred* # Over wintered House Sparrow European Starling Pigeons Wild Turkey Ruffed Grouse American Woodcock Ring-necked Pheasant Other:

Please note that a more detailed report is required for migratory birds if you are not federally authorized.

BIRDS

Appointee:

Year:

*A-Adult, I-Immature **HBC-Hit by Car, C-Cat Attack, D-Dog Attack, O-Other (list) ***D-Died, E-Euthanized, R-Release, O-Overwintering, P-Pending, N-Nonreleasable

| Species | TOTAL # Ind. | Age* | Where acquired? Name/Town | Reason for Acquisition** | Date | Disposition/Date*** |
|---------|--------------|------|---------------------------|--------------------------|------|---------------------|
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Reptiles/Amphibians

Report for CT Dept. of Environmental Protection

Appointee:

Year:

| Species | TOTAL # | # Hit By Car | # attacked by cats | # attacked by dogs | # Rel | # Died | # Euth | # Trans* | # Pending | Other |
|----------------------|---------|--------------|--------------------|--------------------|-------|--------|--------|----------|-----------|-------|
| Snake Species (list) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Frog Species (list) | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Sal. Species (list) | | | | | | | | | | |
| | | | | | | | | | | |
| Snapping Turtle | | | | | | | | | | |
| Painted Turtle | | | | | | | | | | |
| Wood Turtle** | | | | | | | | | | |
| Box Turtle** | | | | | | | | | | |
| Bog Turtle** | | | | | | | | | | |
| Spotted Turtle | | | | | | | | | | |
| | | | | | | | | | | |
| Other: | | | | | | | | | | |
| | | | | | | | | | | |

* Must complete transfer reporting form

**Please note that a separate report is needed for any of these species.

Transfer Report

Appointee:_____

Year:_____

| Name and Address of Rehabilitator | SPECIES TRANSFERRED | Date Transferred & # Transferred |
|--------------------------------------|------------------------|-------------------------------------|
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