

WILDLIFE REHABILITATOR ANNUAL REPORT FORM NATIVE BIRDS

Name of Rehabilitator:

Reporting Year:

Note: This form to be completed only by rehabilitators caring for migratory birds without a federal permit.

Species	Total #	Date Received	Age*	Where Acquired?		Reason for	Disposition***	
				Name	Town	Acquisition**	Status	Date

* A-Adult, I-Immature

** HBC-Hit by Car, C-Cat Attack, D-Dog Attack, O-Other (list)

*** D-Died, E-Euthanized, R-Released, O-Overwintering, P-Pending, N-Non-releasable, T-Transferred