

# Wildlife Rehabilitator Log Tally

For more information on this license visit [www.dec.ny.gov/permits/25027.html](http://www.dec.ny.gov/permits/25027.html)

## 1. \*LICENSEE INFORMATION

<b>name / date of birth</b>	_____			_____			_____			_____		
	Last			First			M.I.			DOB (mm/dd/yyyy)		
<b>address</b>	_____						_____		_____			
	Street Address						Apartment/Unit		City			
<b>email / telephone</b>	_____						_____		_____		_____	
	County						State		Zip Code			
<b>license / permit #'s / permit expiration date</b>	_____						_____		_____			
	Email						Telephone					
	_____						_____		_____			
	NYS License #						Federal Permit #		Federal Permit Expiration Date			

Do you want your name to appear on the statewide list of Wildlife Rehabilitators?  Yes  No

## 2. \*HOUSING AND ANIMAL SPECIALIZATION

<b>species accepted</b> (check all that apply) <b>note: to rehabilitate raptors, waterfowl, and most passerines you must have a federal permit</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Large Mammals	Small Mammals	Raptors	Reptiles & Amphibians	Passerines	Game Birds	Waterfowl
<b>specialized caging</b> (check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Neonatal Care	Juveniles	Adults	Emergency Care	Pre Release	Soft Release	

## 3. DISPOSITION OF WILDLIFE

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

CODE AND DISPOSITION	BIRDS	MAMMALS	REPTILES	AMPHIBIANS
R Released to the Wildlife				
P Disposition pending, still under my care				
T Transferred to another Wildlife Rehabilitator for continued care				
PC Permanently non-releasable, transferred to NYS licensed person				
I Permanently non-releasable, transferred to NYS licensed Ed Institute				
D Died under care or prior to receiving care				
E Euthanized				
<b>TOTALS</b>				

Name

**4. 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 CAR			
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	TANGLED IN STRING OR WIRE OR OTHER			

**DISTRESS LETTER CODE Cont'd**

	BIRDS	MAMMALS	REPTILES	AMPHIBIANS
G-1	OIL			
G-2	GAS			
G-3	OTHER (PROVIDE TOTAL NUMBER)			
G-4	UNKNOWN			
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 in accordance to Section 210.45 of the New York State Penal Law.

Licensee's Signature

Date