

# Wildlife Rehabilitation Log

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

**\*PART A** (Please type or print all 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 _____		Email _____ Telephone (____) _____ - _____	
<b>NYS license # / fed permit # / fed permit expire</b>	NYS License Number _____ Federal Permit Number _____ Federal Permit Expiration Date _____			
<b>Do you want your name to appear on the statewide list of Wildlife Rehabilitators?</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No

**\*PART B** (Please type or print all information)

SPECIES _____	# ADULTS _____	# JUVENILE _____	# UNKNOWN _____	TOTAL _____				
FROM _____	DATE RECEIVED _____							
LOCATION FOUND _____	CAUSE OF DISTRESS _____		<input type="checkbox"/> Yes <input type="checkbox"/> No VET CONSULTED _____					
DISPOSITION	#R	#P	#T	#PC	#I	#D	#E	TOTAL
DATE _____	TRANSFERRED TO _____				NYS LICENSE NUMBER _____			

SPECIES _____	# ADULTS _____	# JUVENILE _____	# UNKNOWN _____	TOTAL _____				
FROM _____	DATE RECEIVED _____							
LOCATION FOUND _____	CAUSE OF DISTRESS _____		<input type="checkbox"/> Yes <input type="checkbox"/> No VET CONSULTED _____					
DISPOSITION	#R	#P	#T	#PC	#I	#D	#E	TOTAL
DATE _____	TRANSFERRED TO _____				NYS LICENSE NUMBER _____			

SPECIES _____	# ADULTS _____	# JUVENILE _____	# UNKNOWN _____	TOTAL _____				
FROM _____	DATE RECEIVED _____							
LOCATION FOUND _____	CAUSE OF DISTRESS _____		<input type="checkbox"/> Yes <input type="checkbox"/> No VET CONSULTED _____					
DISPOSITION	#R	#P	#T	#PC	#I	#D	#E	TOTAL
DATE _____	TRANSFERRED TO _____				NYS LICENSE NUMBER _____			

## APPLICANT

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

**\*PART B Cont'd** (Please type or print all information)

SPECIES \_\_\_\_\_ # ADULTS \_\_\_\_\_ # JUVENILE \_\_\_\_\_ # UNKNOWN \_\_\_\_\_ TOTAL \_\_\_\_\_

FROM \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_  
 Yes  No  
 VET CONSULTED

LOCATION FOUND \_\_\_\_\_ CAUSE OF DISTRESS \_\_\_\_\_

DISPOSITION	#R	#P	#T	#PC	#I	#D	#E	TOTAL

DATE \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ NYS LICENSE NUMBER \_\_\_\_\_

SPECIES \_\_\_\_\_ # ADULTS \_\_\_\_\_ # JUVENILE \_\_\_\_\_ # UNKNOWN \_\_\_\_\_ TOTAL \_\_\_\_\_

FROM \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_  
 Yes  No  
 VET CONSULTED

LOCATION FOUND \_\_\_\_\_ CAUSE OF DISTRESS \_\_\_\_\_

DISPOSITION	#R	#P	#T	#PC	#I	#D	#E	TOTAL

DATE \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ NYS LICENSE NUMBER \_\_\_\_\_

SPECIES \_\_\_\_\_ # ADULTS \_\_\_\_\_ # JUVENILE \_\_\_\_\_ # UNKNOWN \_\_\_\_\_ TOTAL \_\_\_\_\_

FROM \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_  
 Yes  No  
 VET CONSULTED

LOCATION FOUND \_\_\_\_\_ CAUSE OF DISTRESS \_\_\_\_\_

DISPOSITION	#R	#P	#T	#PC	#I	#D	#E	TOTAL

DATE \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ NYS LICENSE NUMBER \_\_\_\_\_

SPECIES \_\_\_\_\_ # ADULTS \_\_\_\_\_ # JUVENILE \_\_\_\_\_ # UNKNOWN \_\_\_\_\_ TOTAL \_\_\_\_\_

FROM \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_  
 Yes  No  
 VET CONSULTED

LOCATION FOUND \_\_\_\_\_ CAUSE OF DISTRESS \_\_\_\_\_

DISPOSITION	#R	#P	#T	#PC	#I	#D	#E	TOTAL

DATE \_\_\_\_\_ TRANSFERRED TO \_\_\_\_\_ NYS LICENSE NUMBER \_\_\_\_\_

## COMMENTS