



Wildlife Rehabilitation Log

Part A: Please type or print all information (see instructions Part A)

| | | | | | |
|--|--|--------------------------|----------|-----------------------------------|--|
| 1. Applicant (Last Name, First Name, MI) | | | | | |
| Street | | | | | |
| City/Town | | State | Zip | 2. County | 3. DEC Region |
| 4. Email Address | | Home Tel | Work Tel | Cell Tel | |
| 5. NYS License Number | | 6. Federal Permit Number | | 7. Federal Permit Expiration Date | |
| 8. Do you want your name to appear on the statewide list of Wildlife Rehabilitators? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part B: Please type or print all information (see instructions Part B)

| Species | #Adult | #Juvenile | #Unknown | TOTAL | | | | |
|----------------|-------------------|-----------|----------|--|----|----|----|-------|
| From | | | | Date Received | | | | |
| Location found | Cause of Distress | | | Vet Consulted | | | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Disposition | #R | #P | #T | #PC | #I | #D | #E | TOTAL |
| Date | Transferred To | | | NYS License Number | | | | |
| Species | #Adult | #Juvenile | #Unknown | TOTAL | | | | |
| From | | | | Date Received | | | | |
| Location found | Cause of Distress | | | Vet Consulted | | | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Disposition | #R | #P | #T | #PC | #I | #D | #E | TOTAL |
| Date | Transferred To | | | NYS License Number | | | | |
| Species | #Adult | #Juvenile | #Unknown | TOTAL | | | | |
| From | | | | Date Received | | | | |
| Location found | Cause of Distress | | | Vet Consulted | | | | |
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Disposition | #R | #P | #T | #PC | #I | #D | #E | TOTAL |
| Date | Transferred To | | | NYS License Number | | | | |



Applicant (Last Name, First Name, MI): _____ Page Of

Part B: Please type or print all information (see instructions Part B) Cont'd

| | | | | | | | | |
|----------------|----------------|-------------------|-----------|--------------------|--|----|----|-------|
| Species | | #Adult | #Juvenile | #Unknown | TOTAL | | | |
| From | | Date Received | | | | | | |
| Location found | | Cause of Distress | | | Vet Consulted | | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Disposition | #R | #P | #T | #PC | #I | #D | #E | TOTAL |
| Date | Transferred To | | | NYS License Number | | | | |

| | | | | | | | | |
|----------------|----------------|-------------------|-----------|--------------------|--|----|----|-------|
| Species | | #Adult | #Juvenile | #Unknown | TOTAL | | | |
| From | | Date Received | | | | | | |
| Location found | | Cause of Distress | | | Vet Consulted | | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Disposition | #R | #P | #T | #PC | #I | #D | #E | TOTAL |
| Date | Transferred To | | | NYS License Number | | | | |

| | | | | | | | | |
|----------------|----------------|-------------------|-----------|--------------------|--|----|----|-------|
| Species | | #Adult | #Juvenile | #Unknown | TOTAL | | | |
| From | | Date Received | | | | | | |
| Location found | | Cause of Distress | | | Vet Consulted | | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Disposition | #R | #P | #T | #PC | #I | #D | #E | TOTAL |
| Date | Transferred To | | | NYS License Number | | | | |

| | | | | | | | | |
|----------------|----------------|-------------------|-----------|--------------------|--|----|----|-------|
| Species | | #Adult | #Juvenile | #Unknown | TOTAL | | | |
| From | | Date Received | | | | | | |
| Location found | | Cause of Distress | | | Vet Consulted | | | |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Disposition | #R | #P | #T | #PC | #I | #D | #E | TOTAL |
| Date | Transferred To | | | NYS License Number | | | | |

Comments: _____