

MAINE DEPARTMENT OF INLAND FISHERIES AND WILDLIFE

353 Water Street, 41 SHS Augusta, ME 04333

Phone 207-287-5252/Fax 207-287-6395

Annual Report of Wildlife Rehabilitator Permittee

REPORT SUBMITTED FOR CALENDAR YEAR: _____

Name of Permittee: _____ **Phone Number:** (____) _____ **Permit # (State)** _____
 (Please Print) (Federal) _____

Mailing Address: _____
 (P.O. Box/Street/Apt#) (City/Town) (Zip Code)

Please provide the information requested below for all animals held under your permit during the previous calendar year.

*If you received any Threatened or Endangered species, there is a specific section for reporting for these species.
 Please do not include in Mammals, Birds, Reptiles, or Amphibian section.*

Mammals:

Common Name (please be specific)	Number received into your facility	Disposition (enter the quantity of animals for each code)						If transferred, list person where transferred
		R	D	E	P	TR	TE	

(Continue a separate sheet if necessary)

Birds: *You are legally required to have both state and federal permits if rehabilitating native migratory birds.*

Common Name (please be specific)	Number received into your facility	Disposition (enter the quantity of animals for each code)						If transferred, list person where transferred
		R	D	E	P	TR	TE	

(Continue a separate sheet if necessary)

Reptiles:

Common Name (please be specific)	Number received into your facility	Disposition (enter the quantity of animals for each code)						If transferred, list person where transferred
		R	D	E	P	TR	TE	

(Continue a separate sheet if necessary)

Amphibians:

Common Name (please be specific)	Number received into your facility	Disposition (enter the quantity of animals for each code)						If transferred, list person where transferred
		R	D	E	P	TR	TE	

(Continue a separate sheet if necessary)

Threatened or Endangered Species: (please list each animal received individually)

Common Name (please be specific)	Date Received	Person submitting the animal to facility	Town where animal was found	Reason for submittal	Disposition (enter code from instruction sheet)	Dispositio n date	If transferred, list person where transferred

(Continue a separate sheet if necessary)

Overall Summary: (Please fill out completely)

Enter the total number of individuals for each category

	R	D	E	P	TR	TE	Row Total
Mammals							
Birds							
Reptiles							
Amphibians							
Threatened/Endangered							
Total number of individuals handled during this year							

Did you have any unique cases or unusual disease issues, please list: _____

Please List all the volunteers, interns, or sub-permittees associated with your permit and facility during the past calendar year:

_____ Activities included in report

_____ Activities included in report

_____ Activities included in report

_____ Activities included in report

I certify that the information submitted in this report is correct to the best of my knowledge.

Signature: _____ Date: _____ Current email address: _____

Re-Authorization information:

If you wish to renew your state permit, please initial here: _____

If any of your contact information of physical location of your facility has changed, please use the space below to provide information for us to update your records. ** NOTE: if this involves updates to your facility please submit an updated facilities information form*

Have you increased or added to your facility during the last calendar year? Yes or No **Are you requesting to add new species as a result of this addition?** Yes or No **If yes, have you had this addition inspected by the Department?** Yes or No

Did you participate in any Continuing Education activities during this past year? Yes or No If yes, please list below

Has your emergency back-up plan changed? Yes or No **If yes, please provide your alternative plan.**

Continued Veterinary support

Veterinarian Practice Name: _____

Practice Address: _____

(P.O. Box/Street/Apt#)

(City/Town)

(Zip Code)

Veterinarian License Number: _____

State of Issuance: _____

I hereby affirm the following:

- I am personally acquainted with the permittee and am familiar with his/her activities related to wildlife rehabilitation.
- I agree to provide consultation and medical services for wildlife upon request of the permittee and subject to my professional judgment.
- I understand that I am under no obligation to provide free services; nor am I to be held responsible for the actions, judgment, or conduct of this permittee. This statement does not imply an endorsement of this permittee.
- I am authorized, but not required to visit the permittee's facility for periodic observations of both facility and wildlife patients.

Licensee Name: _____

(Please Print)

Date: _____

Signature: _____

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Wildlife Rehabilitation Annual Report Form -- Instructions

Wildlife Rehabilitation Permittees are required to submit an annual report.

You may submit your own spreadsheets, provided all the information required information is submitted. If you have a federal permit, you may submit native migratory bird information via a copy of your federal report, *however*, this report should also include information for nonnative birds (such as rock pigeons, European starlings and English house sparrows), even though this information is not required on your federal report form.

Regardless of the format(s) in which you present the information, **you must also complete the back page, which includes an overall summary of animals you have handled during the past calendar year. You must also sign, date, and indicate if you intend to renew your permit.**

Use the following codes to indicate disposition of animals brought into your facility:

R= Released (a healthy, recovered animal was returned to its natural, wild habitat)

E = Euthanized

D= Died

P= Pending (still in rehabilitation at your facility as of Dec. 31st)

TR= Transferred for Rehabilitation (an animal in need of continuing care was transferred to another rehabilitator)

TE= Transferred for Exhibition or Education (a non-releasable animal was transferred to an education or exhibition facility).

* Rehabilitators who are also exhibitors or educators may use this code to indicate a transfer of status from rehabilitation to exhibition/education within a facility.

Please include information for any animals you were granted approval to hold over from the previous calendar year.

Any individual animal transferred, please give the name and address of person (facility) receiving the animal

Examples of Continuing Education activities include: attendance at conferences, formal trainings, workshops, working with another more experienced rehabilitation facility, reading professional journals/newsletters/ articles

Please submit this Report to Karen Estabrook, no later than January 31st. Failure to file a timely report may result in suspension of your permit.

Maine Department of Inland Fisheries and Wildlife
ATTN: Wildlife Rehabilitation Permits
41 State House Station
Augusta, ME 04333-0041

or via email: Rehab.IFW@Maine.gov