

# 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>			
<b>email / telephone</b>	Street Address _____		Apartment/Unit _____	City _____
	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 _____			
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 _____					# ADULTS _____	# 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 _____					# ADULTS _____	# 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 First M.I.

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

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

DATE TRANSFERRED TO NYS LICENSE NUMBER

## COMMENTS