



WASHINGTON WILDLIFE REHABILITATION ANNUAL REPORT FOR YEAR

Permit Number: #WR _____

Permit Expiration Date: _____

Permit Holder Name	
Facility Name	
Facility address mailing	County
Facility address physical	County
Facility contact phone	Cell/alt contact phone
Email address	
Principal Veterinarian	Principal Veterinarian phone

- Total Number of Mammals Treated except DOA, include EOA: _____
- Total Number of Birds Treated except DOA, include EOA: _____
- Total Number of Reptiles and Amphibians Treated except DOA, include EOA: _____
- Total Number of Animals Admitted except DOA, include EOA: _____
- Total Number of Animals **Released**: _____
- Total Number of Animals **Transferred**: _____
- Total Number of animals held over from previous year _____
- Threatened and Endangered Species treated (do **not** count Bald Eagles or any falcons including Peregrine): _____

Species	Number Admitted	Outcome	Number Released

- Non-releasable animals held in your possession for Education (please continue on separate sheet if needed)

Species	Number in possession	Year(s) acquired

10. Non-releasable animals held in your possession for Fostering

Species	Number in possession	Year(s) acquired

11. Changes to your permit:

Change of physical address ☐

Change of mailing address ☐

Principal Veterinarian has changed ☐

NOTE: Your Annual Report is not valid without the accompanying Daily Ledger for all animals admitted to and treated at your facility during the reporting year.

Permit holder's signature

Date

Please send to

Patricia Thompson
WDFW
16018 Mill Creek Blvd
Mill Creek, WA 98012

Or email

Patricia.thompson@dfw.wa.gov