

Wildlife Rehabilitator Log Tally

For more information on this license visit www.dec.ny.gov/permits/25027.html

1. *LICENSEE INFORMATION

name / date of birth	Last		First		M.I.	DOB (mm/dd/yyyy)
address	Street Address		Apartment/Unit	City		
email / telephone	County		State	Zip Code		
license / permit #'s / permit expiration date	Email		()		Telephone	
	NYS License #		Federal Permit #		Federal Permit Expiration Date	

Do you want your name to appear on the statewide list of Wildlife Rehabilitators?

☐ Yes ☐ No

2. *HOUSING AND ANIMAL SPECIALIZATION

species accepted (check all that apply) note: to rehabilitate raptors, waterfowl, and most passerines you must have a federal permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Large Mammals	Small Mammals	Raptors	Reptiles & Amphibians	Passerines	Game Birds	Waterfowl
specialized caging (check all that apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Neonatal Care	Juveniles	Adults	Emergency Care	Pre Release	Soft Release	

3. DISPOSITION OF WILDLIFE

Summarize the information from your Wildlife Rehabilitation Logs. Provide the totals in the appropriate box and columns.

CODE AND DISPOSITION		BIRDS	MAMMALS	REPTILES	AMPHIBIANS
R	Released to the Wildlife				
P	Disposition pending, still under my care				
T	Transferred to another Wildlife Rehabilitator for continued care				
PC	Permanently non-releasable, transferred to NYS licensed person				
I	Permanently non-releasable, transferred to NYS licensed Ed Institute				
D	Died under care or prior to receiving care				
E	Euthanized				
TOTALS					

Name

4. DISTRESS LETTER CODE

		BIRDS	MAMMALS	REPTILES	AMPHIBIANS
A-1	PARENTS WHEREABOUTS UNKNOWN				
A-2	PARENTS KILLED BY DOMESTIC PET				
A-3	PARENTS KNOWN KILLED BY CAR				
A-4	UNNECESSARY HUMAN INTERVENTION				
B-1	COLLISION W/VEHICLE				
B-2	COLLISION W/WINDOW OR BUILDING				
B-3	COLLISION W/PHONE OR POWER LINE				
C-1	INJURED BY CAR				
C-2	INJURED BY DOG				
C-3	INJURED BY HUMAN				
C-4	INJURED BY NATURAL PREDATOR				
C-5	UNKNOWN				
D-1	SHOT (GUN OR ARROW)				
D-2	TRAP INJURY				
D-3	MOWER / TILLER / HAY BALER INJURY				
D-4	OTHER (PROVIDE TOTAL NUMBER)				
E-1	ENTRAPPED IN BUILDING				
E-2	ENTRAPPED IN FIREPLACE / CHIMNEY				
E-3	ENTRAPPED IN WINDOW-WELL				
E-4	HEAD IN JAR / CAN				
F-1	TANGLED IN FISHING LINE				
F-2	TANGLED IN BEVERAGE HOLDER				
F-3	TANGLED IN STRING OR WIRE OR OTHER				

DISTRESS LETTER CODE Cont'd

		BIRDS	MAMMALS	REPTILES	AMPHIBIANS
G-1	OIL				
G-2	GAS				
G-3	OTHER (PROVIDE TOTAL NUMBER)				
G-4	UNKNOWN				
H-1	INGESTION OF LEAD (SUSPECTED)				
H-2	INGESTION OF LAWN CHEMICALS				
H-3	INGESTION OF ANTIFREEZE				
H-4	OTHER (PROVIDE TOTAL NUMBER)				
H-5	UNKNOWN				
I-1	INTERNAL PARASITES				
I-2	EXTERNAL PARASITES				
J	DEVELOPMENTAL ANOMALY				
K	BACTERIAL INFECTION (SUSPECTED)				
L-1	DISTEMPER SUSPECTED)				
L-2	AVIAN POX (SUSPECTED)				
L-3	OTHER (PROVIDE TOTAL NUMBER)				
L-4	UNKNOWN				
M	NATURAL DISTURBANCE				
N-1	NEST REMOVED / TREE CUT				
N-2	BUILDING OR CONSTRUCTION				
N-3	OTHER (PROVIDE TOTAL NUMBER)				
O	OTHER (PROVIDE TOTAL NUMBER)				
P	UNKNOWN (PROVIDE TOTAL NUMBER)				

You must provide the original copies of your "annual wildlife rehabilitation log tally" sheet together with your wildlife rehabilitation logs at the end of the license year to initiate the renewal of your license. These documents are due on or before December 1, of the license year.

***NOTICE:** Pursuant to ECL Section 3-0301(2)(Q), false statements made on this application are punishable in accordance to Section 210.45 of the New York State Penal Law.

Licensee's Signature

Date