

Wildlife Rehabilitation Log

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

*PART A (Please to name / date of	type or pr	int all inforr	mation)									
birth address	Last First							.I. DOB (mm/dd/yyyy)				
	Street A	Address			Ap	artment/Unit	City					
email / telephone	County						State	Zip Code				
	Email (
NYS license # / fed permit # / fed permit expire		NYS L	icense Number		Fede	eral Permit Nun	nber	Federal Permit Expiration Dat				
			Do you w	ant your name to a	ppear on the state	ewide list of Wi	Idlife Rehabilitators?	☐ Yes ☐ N	No			
*PART B (Please t	ype or pri	nt all inforn	nation)									
SPECIES						# ADULTS	# JUVENILE	# UNKNOWN	TOTAL			
FROM							DATE	E RECEIVED				
LOCATION FOUND CA					AUSE OF DISTRES	S	_	Yes No VET CONSULTED				
DISPOSITION		#R	#P	#T	#PC	#I	#D	#E	TOTAL			
DATE	TRANSFERRED TO						NYS LICENSE NUMBER					
							_					
SPECIES						# ADULTS	# JUVENILE	# UNKNOWN	TOTAL			
FROM							DATE	E RECEIVED				
LOCATION FOUND					AUSE OF DISTRES	S		_				
DISPOSITION		#R	#P	#T	#PC	#I	#D	#E	TOTAL			
DATE	TRANSFERRED TO						NYS LICENSE NUMBER					
SPECIES						# ADULTS	# JUVENILE	# UNKNOWN	TOTAL			
FROM							DATE	E RECEIVED Yes No)			
LO	CATION F	OUND		(AUSE OF DISTRES	S		VET CONSULTED				
DISPOSITION		#R	#P	#T	#PC	#1	#D	#E	TOTAL			
2.3. 33311				.	2	<i></i>	2	<i></i> -				
DATE		TR.	ANSFERRED TO				NYS LICENSE NU	JMBER				



APPLICANT

_ast					First		_	M.I.	
PART B Cont'd (Ple	ease type or pri	int all information	n)						
PECIES					# ADULTS	# JUVENILE	# UNKNOWN	TOTAL	
FROM			DATE RECEIVED Yes No						
LOCATI	ON FOUND			CAUSE OF DISTRESS	5	_ VET CONSULTED			
DISPOSITION	#R	#P	#T	#PC	#1	#D	#E	TOTAL	
DATE	т		NYS LICENSE NUMBER						
SPECIES					# ADULTS	# JUVENILE	# UNKNOWN	TOTAL	
FROM			DATE RECEIVED Yes No						
LOCATI	ON FOUND			CAUSE OF DISTRESS	5	· 	VET CONSULTED		
	<u> </u>								
DISPOSITION	#R	#P	#T	#PC	#I	#D	#E	TOTAL	
DATE	<u> </u>	RANSFERRED TO)			NYS LICENSE N	JMBER		
					,				
SPECIES					# ADULTS	# JUVENILE	# UNKNOWN	TOTAL	
FROM						DATE RECEIVED			
							Yes No)	
LOCATI	ON FOUND		CAUSE OF DISTRESS			·	VET CONSULTED		
DISPOSITION	#R	#P	#T	#PC	#1	#D	#E	TOTAL	
D13. 03		<i>"</i> •	·	<i></i> ~	"·	<i></i> –	-		
DATE	NYS LICENSE NUMBER								
		RANSFERRED TO			,				
SPECIES					# ADULTS	# JUVENILE	# UNKNOWN	TOTAL	
FROM		DATE RECEIVED							
		Yes No							
LOCATI	ON FOUND			CAUSE OF DISTRESS	<u> </u>		VET CONSULTED	_	
		#P	#T	#PC	#I	#D	#E	TOTAL	
DISPOSITION	#D					#D	# L	IOIAL	
DISPOSITION	#R	#P	,, ,	<i>"</i> c					