



## Wildlife Rehabilitation



# Annual Year End Report

(Report Due by January 31st for previous year)

Report for year of \_\_\_\_\_

Organization name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Instructions:** Please provide the information requested for all mammals and reptiles (birds can be accounted for by sending a copy of the Federal Annual Report) held under your permit during the report year, and **return the completed report to: Nicole Carion, Wildlife Rehab Coordinator, 601 Locust Street, Redding, CA 96001.** Use of this form is not mandatory, but the same information must be submitted. Filing an annual report is a condition of your permit. **Failure to file a timely report could result in the loss of your permit.** You must submit a report even if you had no activity during the year.

**Non-releasable wildlife** used for education or surrogates: Please list any wildlife that is non-releasable and being used for surrogates or educational animals.

Common Name	Date Acquired	Nature of Injury	Location of Animal

### Non- Releasable Wildlife Continued

Common Name	Date Acquired	Nature of Injury	Location of Animal

**Total amount of Non- Releasable**\_\_\_\_\_

FG540 (Rev 1/14)

**New Acquisitions.** Please provide a summary of all mammals and reptiles (migratory birds reporting can be done by providing a copy of the U.S Fish & Wildlife annual report) categorized by species. The quantity in the received column should equal the sum of the quantities in the Disposition column.

[illegible]

## New Acquisitions Continued

[illegible]

**Total number of Mammals Received** \_\_\_\_\_ **Total Reptiles** \_\_\_\_\_

FG540 (Rev 1/14)

Please denote any of the following your facility encountered: die-off's or mortality events, significant disease events, unusual injuries, unusual occurrences involving sick or injured wildlife.

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Report Prepared by: \_\_\_\_\_  
Name (Print) Title Date

<b>Certification</b>	
<b>I certify that the above information is true and correct to the best of my knowledge. I understand that any false statements herein may result in the loss of my Wildlife Rehabilitation Memorandum of Understanding.</b>	
<b>Signature:</b>	<b>Date:</b>

Send To:  
California Department of Fish and Game  
Nicole Carion  
Wildlife Rehabilitation Coordinator  
601 Locust Street  
Redding, CA 96001