

REHABILITATED BROWN PELICAN THRIVING



Robb Hamilton occasionally reports banded birds to International Bird Rescue Research Center (IBRRC). He has spotted some of our new blue banded Brown Pelicans (BRPE) recently, but what was most interesting is that a few months ago he grabbed an adult Brown Pelican down in the Long Beach area that was begging for fish scraps from a bait shop. He captured it because it had an old band on it. He reported it to the banding lab and to Dan Anderson, pelican biologist and expert. We got into a discussion about how opportunistic pelicans are. Even though they can take care of themselves they sometimes opt to beg for scraps like raccoons do with garbage cans. That is what Dan is referring to in his note below. At any rate, the bird that we were talking about turned out to be a very important bird. Read Dan's email

below. This band sighting is significant and pretty exciting.

-Jay Holcomb, IBRRC Executive Director

FROM DAN ANDERSON 10/20/09

Well folks, the pelican 609-11405 was indeed a REHABILITATED individual released with one of our radios on it, released by IBRRC at Terminal Island on 26 February 1990. Thus, it was a 19-year survivor from getting oiled and then cleaned by IBRRC, and at least 23 years old when Robb picked up on it (likely older). Congratulations Jay on the REHAB success! It was a full adult when oiled (therefore at least 4+ years old) and at the time of banding, likely a medium-sized male, but in very good condition at release (4.8 kg = "huge" and fat), 35.5 cm culmen. Its IBRRC number was R-318. Overall results were reported in our 1996 paper and this bird was considered still alive at the end of the study. Obviously, it went on to become quite successful, at least in surviving. Due to its tameness, one might wonder if it has survived as a "pier bum." Later in other telemetry studies of California coastal brown pelicans, we have found that many individuals go out and feed in the pelagic zone, then come in to ports and bays to "pier bum," only to go out again and feed like a "good" pelican. In fact, many of the birds we have studied seem to come in on occasion to "check-out" the bay/harbor operations both in California and Mexico. I don't really think we can separate out "pier bums" from "completely wild" pelicans, and it's rather somewhat of a continuum. These guys are very adaptable birds.

Welcome Members

The list of members throughout this newsletter is in recognition of members joining since fall of 2007.

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Space constraints have caused me to fall behind in acknowledging our new members. Starting this year, we will be listing new members in the monthly e-news.

- Editor

INSIDE THIS ISSUE

| | |
|---|-------|
| Rehabilitated Brown Pelican Thriving..... | 1 |
| Welcome Members..... | 1,4,6 |
| Vet Wrap: Tick-borne Disease Transmissible to Humans... | 2-3 |
| Notify CCWR of Events..... | 3 |
| Esbilac Update..... | 4-6 |
| Scholarship Applications..... | 6 |
| Nicole's Corner: Wildlife Transfers..... | 7 |

By Todd Cecil, DVM, DABVP-Avian

With the ever-increasing demand to rescue injured and abandoned wildlife, we often throw caution to the wind and sidestep safety precautions. Minds are typically focused on capture, restraint and a quick triage. First concerns are for the safety of the patient and then for the rescuer to avoid injury via biting or other physical trauma.

It is the goal of this article to address additional safety precautions that should be considered: that of the prevention of zoonotic disease transmission.

Zoonosis is any disease of wildlife that can be transmitted to humans, through direct contact, an inanimate object or through interactions with a

vector species. The vector species that most commonly transmit zoonotic diseases are arthropods, such as mosquitoes, ticks and fleas.

This article will briefly discuss some of the zoonoses transmissible through the bite of ticks. As most wildlife rehabilitators are aware, many of the mammal species harbor parasitic external parasites (ectoparasites) in limited numbers. Healthy animals will self-groom skin and hair coats as to keep tick and flea numbers under control. Injured or debilitated animals often lose the ability to allo-groom thereby allowing parasite numbers to multiple. With increased debilitation and lowering of core body

temperatures, ectoparasites will often selectively abandon their host species in search of a new food source. The wildlife rehabilitator becomes the new warm bodied host.

Human granulocytic anaplasmosis (HGA) is a bacterial infection caused by *Anaplasma phagocytophilum* that affects white blood cells called granulocytes. It is trans-

mitted by the bite of the parasite *Babesia*. This disease is also rarely diagnosed in California. The white-footed mouse is the host reservoir, but it also has been found in meadow voles, cottontail rabbits and Norway rats. The female deer tick (*Ixodes scapularis*), not found in California, is the vector species in the northeastern United States for

babesiosis. It is unknown what species of tick transmits the disease in California. Symptoms include flu-like signs typically 1 to 4 weeks after exposure. Diagnosis is through identification of the parasites in the red blood cells microscopically. Treatment consists of anti-parasitic medication similar to

COMMON TICK SPECIES FOUND IN CALIFORNIA

Common tick species found in California are the **Western black-legged tick** (*Ixodes pacificus*), the **Pacific Coast tick** (*Dermacentor occidentalis*) and the **American dog or wood tick** (*Dermacentor variabilis*).



Photos courtesy of San Mateo County Mosquito and Vector Control District

These tick species are the common vector for diseases in wildlife and humans including anaplasmosis, babesiosis, ehrlichiosis, lyme disease, Rocky Mountain spotted fever, tick-borne relapsing fever and tick paralysis.

mitted by the bite of the black-legged tick with the reservoir host being rodents. Dogs and horses can also be afflicted but cannot transmit the disease to humans. Symptoms include flu-like signs such as fever, headache, fatigue, muscle aches and nausea. HGA is rarely fatal but can have more pronounced clinical signs in immune weakened individuals. HGA is more common in the northeastern United States, with only six cases occurring in California in the last decade. Diagnosis of HGA is through blood work, and treatment with antibiotics usually resolves clinical signs in 24-48 hours.

Babesiosis is a parasitic disease of red blood cells caused by multiple

that for malaria.

Another tick-borne disease of white blood cells, human monocytic ehrlichiosis (HME), is a bacterial affliction that invades a specific white blood cell called the monocyte. This disease is rare in the western United States, with only three cases diagnosed in California over the last ten years. Neither the tick vector nor the reservoir host have been identified in California. The disease is rarely fatal, with clinical signs once again those of the flu, appearing 2-3 weeks after a tick bite. Treatment with antibiotics improves the condition within 24-48 hours.

(continued on page 3)

TICK-BORNE DISEASES TRANSMISSIBLE TO HUMANS

(continued from page 2)

Lyme disease is an infectious disease caused by a spirochete, a type of bacteria. Clinical signs begin as mild flu-like symptoms but can advance to severe chronic health problems. Up to 30 days after a tick bite, a skin rash develops at the site of the bite, and symptoms progress into swollen lymph nodes, headaches, fever, muscle and joint pain, weakness of some facial muscles and potential heart arrhythmias. Untreated disease can develop into arthritis and/or nervous system disorders including numbness, tingling or difficulty with memory or ability to concentrate. The Western black-legged tick transmits the bacteria only after feeding for a continuous 24 hour period; therefore, expedient tick removal should control the disease. The disease is highly responsive to antibiotics, especially if treated early.

Rocky Mountain spotted fever (RMSF) is a bacterial disease caused by *Rickettsia rickettsii*. Only a few cases are reported each year in California. The Pacific Coast tick, and the Rocky Mountain wood tick, (*Dermacentor Andersoni*), are the insects most commonly associated with transmission. Ticks acquire the bacteria from infected rodents and rabbits, and can also transmit the disease to dogs. Dogs cannot transmit the disease to humans. RMSF is characterized by a fever 2 to 14 days after a tick bite, and can lead to muscle weakness and

pain, abdominal pain and chills if untreated. Severe cases can advance to renal failure and death. Blood tests are non-diagnostic in early disease; therefore, diagnosis is based on the reported tick bite and clinical signs. Treatment is through antibiotic administration. It has been reported that 25% of human patients who receive delayed or no treatment may die.

Another zoonotic disease is tick-borne relapsing fever (TBRF) caused by the bacteria *Borrelia hermsii*. Approximately 1 to 8 human cases will be reported each year in California. This disease is transmitted by soft ticks (Family: Argasidae) whose feeding behavior is different from the ticks previously mentioned. These soft ticks live at higher mountainous altitudes (3000-9000 feet) and prefer to feed on rodents, rabbits and squirrels, but will seek human hosts if possible. Soft ticks feed mostly at night and attach for only several minutes; therefore, most human contacts go unnoticed. Humans develop high fevers, chills, and muscle aches about 1 week after being bitten. Symptoms last for 3 to 5 days and then disappear. A few days later, clinical signs reappear, hence "relapsing." Simple blood testing during the period of fever is diagnostic and treatment is with antibiotics. People rarely develop long term problems.

Tick paralysis is caused by a chemical in the tick's saliva that stops the normal functioning of nerves and muscles. Multiple species of ticks

possess the chemical and thereby can be causative. Initial weakness occurs in the arms and legs, 2 to 7 days following a bite and can progress to complete paralysis of all limbs. Extent of clinical signs depends on the number of feeding ticks and duration of attachment. Approximately 10% of affected people who remain untreated die. With tick removal and supportive care, reversal of clinical signs begins within hours.

If bitten by a tick, it is important to remove the tick promptly. Both the agents for Rocky Mountain spotted fever and Lyme disease are transmitted by the tick 24 or more hours after tick attachment. The wound site should be cleansed with a soapy solution or mild disinfectant. Gloves should be worn during the removal to prevent skin contamination if the tick should rupture during removal.

Actions that can be taken in an attempt to prevent tick contact in people is to apply a repellent containing DEET to exposed skin prior to wildlife interactions. Long-sleeved shirts and long pants can help prevent tick access to bare skin. Any fabric or bedding material used for wildlife should be sprayed with a permethrin-containing insecticide prior to disposal or washing. The same preventative measures should be employed when the wildlife rehabilitator enters the environment retrieving or releasing wildlife.

NOTIFY CCWR OF EVENTS FOR THE CCWR NEWSLETTER OR EMAIL POSTINGS

Please let us know about any class or activity that you hear about that sounds relevant to any aspect of wildlife rehabilitation. It does not have to involve your organization. It does not have to be sanctioned as continuing education credits through California Department of Fish & Game (CDFG). It may just be something interesting involving wildlife, wildlife appreciation or the wildlife environment. Email us at info@ccwr.org

Classes or activities posted on the CCWR website are not necessarily endorsed by CCWR and members interested in pursuing them are encouraged to make their own inquiries into the appropriateness and qualifications towards their continuing education.

-CCWR Board

ESBILAC® AND KMR® UPDATE:

Search for Solutions Before the Arrival of Wild Babies in Spring

Wildlife rehabilitators across the country began reporting severe gastrointestinal problems and extremely slow growth in orphaned wild mammals, including squirrels and opossums, in mid-2009. After other possible causes were eliminated, rehabilitators found the ill animals were being fed formula made with Esbilac® powder. Other rehabilitators using Esbilac® powder reported no problems.

Manufacturer information

In response to questions from rehabilitators, PetAg, the manufacturer of Esbilac®, reported it had changed to a single-step spray-dry manufacturing process. It did not expect any problems because it had used that process with other of their products such as the Zoologic products. PetAg said it had maintained the same recipe, ingredients and Guaranteed Nutritional Analysis. Tests for bacteria and contaminants, including Melamine, were negative, PetAg said.

PetAg agreed with observations from rehabilitators that the product was slightly lighter and tended to compress more in the can. PetAg suggested turning the can over to distribute the powder evenly prior to measuring and advised rehabilitators to measure carefully. Company officials also mentioned the product was no longer an instant mix powder - and that consumers should mix it thoroughly with extremely hot water and stir longer. PetAg said they had received no reports of problems with puppies, for which Esbilac® was developed.

Search for causes and solutions

WildAgain compared the 'new' Esbilac® powder with powder made with the previous 'multi-step dry' process. The 'new' Esbilac® weighed less. WildAgain also compared the Typical Nutritional Analyses (TNA) from the 'new' Esbilac® with the multistep dry. While the percentages of proteins, fats, and solids were consistent with the TNA provided by PetAg, the reduced weights meant a slight decrease in nutrients and calories for the same volumetric unit of measure (<http://www.ewildagain.org/Nutrition/esbilacupdatesept3.htm>).

Rehabilitators implementing the changes suggested by PetAg reported little if any improvement. Rehabilitators and their veterinarians worked diligently to identify possible causes. Medical tests conducted by numerous rehabilitators and veterinarians revealed the animals had a variety of conditions, particularly gastrointestinal infections. Some rehabilitators

saw recoveries when they switched to new formulas. Some reported improvement when they added additional fats to the Esbilac® formula. Others did not see improvement with adding fats, switching to different formulas, or with medical treatments, including antibiotics.

The fact other rehabilitators reported that the juvenile wild mammals were doing great on the same formula made with 'new' Esbilac® powder added to the puzzle.

Tests on the Esbilac® Powder

Some rehabilitators arranged to have independent laboratories test the Esbilac® powder to see if, or how, it might be causing the diarrhea and infections. Test results reported to WildAgain confirmed PetAg's claims. The TNA percentages matched what PetAg asserted and were within acceptable ranges.

(continued on page 5)

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However, the lighter weight meant the calculated calories and nutrient levels were slightly less than the older form of Esbilac® powder and would require adjustments so animals would get the same nutrients and energy as before.

Tests reported to WildAgain for bacteria, heavy metals and contaminants were within normal ranges. Several questions about copper levels appear to have been a result of tests that produced less reliable results on heated milk products. Questions about fiber levels also may be related to the types of tests and are being reviewed.

Checking for Rancidity

Concurrent to the testing by the independent laboratories, customers buying KMR® were reporting some cans contained rancid milk powder. PetAg posted an announcement on its website to address this issue:

"... there are no preservatives in these products [KMR® and Esbilac®] and since they closely match the profile for mother's milk they are high in unsaturated fatty acids, which can be susceptible to oxidation under certain conditions. Use of these ingredients means these products are very sensitive to their surroundings and should be considered to be perishable. "Store under cool, dry conditions" is clearly defined on our milk replacer product labels.

High heat stresses these types of products. These high heat conditions may occur in transit, in warehouses, in in-store storage, in your automobile, or in your house. PetAg, Inc. tests all of these products before leaving its warehouse to assure that they meet specifications and are suitable for use. Changes occurring after leaving the PetAg warehouse can only be noted by the consumer." http://petag.com/news_detail.asp?RegID=15

A reporter at an online magazine interviewed the president of

PetAg in December about rancidity in KMR® (listen at <http://575magazine.com/animals.html> - "KMR-Smell it first!"). She said while rancidity was possible, few cases had been reported - and that PetAg had changed KMR® to improve product stability. PetAg previously cited the objective of improving product stability as the reason for changing Esbilac® to the single-step dry process.

Consumption of rancid food can cause a variety of health problems, including gastrointestinal upset. WildAgain arranged for independent laboratories to test the powder from several cans of 'new' Esbilac® for rancidity. One of the cans of 'new' Esbilac® powder was obviously rancid and would not have been fed to animals. The tests on the other cans of 'new' Esbilac® powder reported to WildAgain seemed to have been negative for rancidity.

Single-Step Spray-Drying Processes and Solubility

As a result of these tests, WildAgain returned to the initial information provided by PetAg. While the company maintained the original recipe, ingredients and Guaranteed Nutritional Analysis had not changed, it acknowledged it had changed to a single-step spray-dry process. People who called PetAg were told to use hotter water and mix a little longer because the powder was no longer an 'instant mix.' PetAg, however, had not changed the label on the cans alerting users of this critical change.

WildAgain decided to take a closer look at the single-step spray-dry process. Review of food science publications and consultations with dairy researchers explained milk powders produced from a single-step spray-dry process are significantly more difficult to rehydrate and dissolve! It

is not just that single-step spray-dried milk powders are not instant and take hotter water and more mixing, but they require much more time to adequately dissolve (in some cases as long as 8 hours!).

Follow-up communications with rehabilitators who had reported good results with the 'new' Esbilac® powder reveal many of them had prepared the formula well in advance of using it (e.g., the night before!) which had allowed much more time for the powder to dissolve. Some had also added yogurt to the formula. It turns out the good bacteria in yogurt helps break down milk protein and improve digestibility. This suggests greater attention to solubility issues may be a key to preventing problems and achieving good results!

WildAgain is working to confirm this information with solubility tests and consultation with nutritionists and food scientists. Initial review of the cases and medical tests submitted to WildAgain, consultation with veterinarians and medical professionals, and solubility tests suggest solubility issues may indeed explain many, if not all, of the health problems that developed in juvenile wildlife.

KMR® Switched to Single-Step Spray Dry Process

PetAg has recently begun producing KMR® with the single-step spray-dry process and does not expect any problems. WildAgain, however, believes the KMR® powder will require mixing adjustments similar to those needed with the Esbilac® powder in order to prevent difficulties. WildAgain is also having product tests conducted on the KMR® powder.

(continued on page 6)

ESBILAC® AND KMR® UPDATE:

(continued from page 5)

Confirming Causes and Solutions

It is reassuring to know that test results confirm most of PetAg's statements about the 'new' Esbilac® powder. While milk replacement powders made with the single-step spray dry method, and that have not been 'instantized,' take considerably more effort and time to fully dissolve. It also appears that digestive problems have either not occurred or not been reported for puppies, which are carnivores. However, it appears that solubility issues seem to be a much greater problem for small wild non-carnivores which were fed formula made with the 'new' Esbilac® powder. So while it appears that mixing and solubility may have not been a problem for puppies, WildAgain is disappointed that PetAg has not seen a need to update the labels and mixing instructions on the Esbilac® powder.

The good news is that it appears that it is possible that the solubility issues may be relatively easily corrected by rehabilitators who want to use the 'new' Esbilac® and achieve positive results. We

hope to know more soon.

WildAgain continues to work closely with nutritionists, veterinarians, rehabilitators and others to confirm this research and solutions before the arrival of wildlife babies this spring.

Check www.ewildagain.org for the most current information and more complete resource lists.

Thanks again to the rehabilitators, veterinarians, nutritionists, and others who have shared information and collaborated on the research and search for solutions!

Authors

Allan and Shirley Casey, co-founders of WildAgain Wildlife Rehabilitation, Inc. in Evergreen, Colo., have been licensed rehabilitators since 1986. The Casey's conduct research on a variety of rehabilitation related subjects, including nutrition, wildlife health, rehabilitation regulations and trends. They have written more than 100 articles for rehabilitation and veterinary publications, as well as the Squirrel Rehabilitation Handbook. www.ewildagain.org

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SCHOLARSHIP APPLICATIONS

CCWR is accepting applications for scholarships to the 2010 symposium in Yosemite. Please visit our website at www.ccwr.org and follow the links under Symposium News for an application form to download.

- Applicants must currently be a CCWR member in good standing and not allow their membership to lapse prior to the symposium in November.
- Other qualifications the CCWR Scholarship Committee will consider the applicant's involvement in wildlife rehabilitation and their financial situation.
- Submissions must be postmarked by July 15, 2010.
- Winners will be personally notified by August 15, 2010 and be listed in the Fall 2010 CCWR newsletter.

TRANSFERS AND RELEASES

By Nicole Carion

Wildlife Rehabilitation Coordinator / California Department of Fish & Game

Often rehabilitators will ask me if it is OK to transfer rehabilitation animals to other rehabilitation facilities outside their region or county for rehabilitation purposes. This article will explain the past history and potential problems with transfers and the conditions in the MOU regarding transfers.

Let us start with the history of transferring animals in wildlife rehabilitation. All of you know the California Department of Fish and Game (CDFG) is divided into "Regions." When I became the wildlife rehabilitation coordinator in April of 2004, there were different transfer rules in different regions. While these rules were made with only good intentions, they were sometimes confusing for rehabilitators, especially for rehabilitators residing near regional or county lines. During the first permit renewal cycle I added a sentence to condition 8 of the Wildlife Rehabilitation Memorandum of Understanding to ease the confusion of transfers for wildlife rehabilitators. Condition # 8 will be discussed later in the article.

I think it is very important to talk about why there are transfer rules. The first and most important reason there are transfer rules is to lessen the potential for disease spread. We do not want to transfer any type of parasites, bacteria, virus or disease to another animal or area where it did not exist previously. Absolute disease detection is simply impossible. There are diseases in wildlife that are not yet detected or discovered, and diseases that are not fully understood that may present a risk. Also, outward clinical signs can take weeks and sometimes years to manifest themselves and release could be done without knowledge of spreading the problem.

Rehabilitation facilities, like human

hospitals, can house viruses, parasites and bacteria no matter how diligent the cleaning processes. These infectious parasites and diseases can pass through a facility. If immune systems are healthy, disease spread and infections may not occur; however, the animal could still become a "carrier" and shed disease in feces, urine, etc. Most animals that enter facilities have compromised immune systems and therefore provide a simple path for disease to spread to other sick animals and wild populations of animals after release.

A wildlife rehabilitator must remember that if an animal is transferred for rehabilitation purposes, the rehabilitator must make every effort to release the animal back to where it originated. Some herd and pack species do better if released together. It is very important to release in numbers and utilize methods that ensure most go back to the area where they came from, or nearby.

Why is returning an animal back to where it came from important?

Competition within a healthy wild population for limited resources such as food, shelter, water or mates is a concern all rehabilitators should be thinking about. When animals are released into areas they did not originate from, the competition for food, water, shelter and mates is not only challenging for the newly released animals, but also for the healthy animals already established in the area. The animals may disperse, but the increase in population may have a negative impact on the healthy wild population.

Did you know that animals of the same species can develop different physical traits to adapt to their specific habitat? By placing rehabilitated animals in new habitats, rehabilitators could cause a deleterious effect to a healthy gene pool developed to adapt to specific habi-

tats. It is not the job of rehabilitators to decide if the gene pool of a species population needs to have additional genetic diversity incorporated into it.

Lastly, let's talk about the current condition in the Wildlife Rehabilitation Memorandum of Understanding permit regarding transfers. The second sentence of condition #8 states: Wildlife temporarily possessed for rehabilitation, (excluding deer because deer need to be rehabilitated in the local area with the same herd) may be transferred to another facility possessing a current MOU for treatment of injury, disease, or other conditions requiring temporary maintenance and care.

This condition allows rehabilitators to transfer animals to other rehabilitators out of the county or region, if necessary, but please be cautious and act responsibly about transferring animals long distances. Only transfer animals when absolutely necessary and try to keep animals as local as possible. The majority of transfers occur because another rehabilitator specializes in a certain species, or to place a species with conspecifics. Although CDFG does not want to mandate specific distances for transfers to occur, CDFG highly recommends animals don't get transferred long distances-for example-from the northern part of the state to the southern part of the state.

Use common sense and if there is a question regarding transfers, please contact me so we can discuss the options. In the future, I hope to assign statewide coordinators for certain species (pack, herd, migrating, etc.) to make the coordination of transfers easier.

If there are any questions regarding transfers please don't hesitate to contact me at 530-357-3986. Thank you for all the time and efforts.



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