



Wildlife Rehabilitation



Annual Year End Report

(Report Due by January 31st for previous year)

Report for year of 2009

Organization name: Wildlife Care Phone: 916-888-5555

Address: 4067 1st street, Sacramento, CA 95678

Email: sacbird@juno.net

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
Gray Squirrel	10-10-05	Head injury that caused balance problems	555 Market Street. Sacramento, CA

Non- Releasable Wildlife Continued

Common Name	Date Acquired	Nature of Injury	Location of Animal

Total amount of Non- Releasable _____

FG540 (Rev 11/06)

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.

Common Name	Total Number Received	Disposition (enter quantity)				
		Released	Transferred	Pending	Euthanized	Died
Wood Rat	10	5				5
Raccoon	12	5	6		1	
Pallid Bat	1			1		
Western Pond Turtle	1					1

Other comments (any other information regarding annual year end reporting that you would like the Department to know): _____Received information from Animal Control that there were 15 cases of Raccoons with Distemper in the City of Granite Bay_____

Report Prepared by: _____
Name (Print) Title

Certification	
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.	
Signature:	Date:

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