

ANNUAL REPORT

The annual report must be submitted by March 1.

Use of this form is NOT MANDATORY. You may attach files with the same information.

You **MUST** submit an annual report even if you did not have any activity during the reporting year.

Please note that the "New Acquisitions" section that was on previous reports has been removed. Individual records **DO NOT NEED TO BE SUBMITTED** with the annual report.

- Although individual records are not required to be submitted with the annual report, **THEY MUST STILL BE MAINTAINED. These records must be available** for review during inspection.
- NJFW requires that all records be retained for a minimum of 3 years. Records pertaining to migratory birds must be held for a minimum of 5 years per USFWS.
- Required information for each animal that is accepted for rehabilitation includes: the date received, the name, address, and phone number of the person you received the animal from, species, reason for admittance (injured, sick, orphaned), type of injury or illness, status, and final disposition report including location of release, relocation, and/or transfer. An initial exam, daily care log, and a medical sheet shall be maintained for each animal. However, these records must be available for review during inspection and are required by NJFW to be held for a minimum of 3 years. The USFWS requires records on migratory birds be held for a minimum of 5 years following the end of the calendar year covered by the records.

NJ WILDLIFE REHABILITATION PERMIT NUMBER: _____

Disposition = Released (R), Died (D), Euthanized (E), Died or Euthanized within 24 Hours of Receipt (D/E-24), Transferred (T), Pending (P)

SPECIES HELD OVER FROM PREVIOUS YEAR

Please provide a list of all wildlife held over from the previous reporting year and released this year. Do not include wildlife still in your possession.

<i>Intake Date</i>	<i>Species</i>	<i>#</i>	<i>Disposition</i>	<i>Date</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL # HELD OVER: _____

TRANSFERS

Please provide a list of all wildlife you transferred to another permit holder. All transfers of non-releasable wildlife must be accompanied with a receipt or letter noting the name, address, and permit number of the rehabilitator, name, address, and permit number of the receiver, species, quantity, nature of injury, and date of transfer. Include a copy of the USFWS written pre-authorization for transfer of a migratory bird species and/or NJFW approval for E/T, PDS, game, and nongame species. Do not include these numbers in the summary.

<i>Intake Date</i>	<i>Species</i>	<i>#</i>	<i>Nature of Injury</i>	<i>Transfer Date</i>	<i>Transfer To</i>

TOTAL # TRANSFERRED: _____

PENDING

Please provide a list of each individual still in your care. Do not include wildlife held for exhibit/educational purposes.

<i>Intake Date</i>	<i>Species</i>	<i>Nature of Injury</i>	<i>Proposed Disposition</i>

TOTAL # PENDING: _____

SUMMARY BY SPECIES

Please provide a summary of each of the species received during the reporting year. Attach additional sheets if necessary. Include: ***Species - Total Received, Total Released, Pending, Died, Euthanized, and Died/Euthanized within 24 Hours.***

Examples: Red Fox – 6 received, 3 released, 1 pending, 1 died, 1 euthanized

[illegible]

ANNUAL MAMMAL SUMMARY:

_____ Total Intake _____ # Held Over from Prior Year
 _____ Total Animals Released _____ # Died _____ # Euthanized
 _____ # Died / Euthanized within 24 Hours _____ # Still in Care and Pending

ANNUAL BIRD SUMMARY:

_____ Total Intake _____ # Held Over from Prior Year
 _____ Total Animals Released _____ # Died _____ # Euthanized
 _____ # Died / Euthanized within 24 Hours _____ # Still in Care and Pending

ANNUAL REPTILE / AMPHIBIAN SUMMARY:

_____ Total Intake _____ # Held Over from Prior Year
 _____ Total Animals Released _____ # Died _____ # Euthanized
 _____ # Died / Euthanized within 24 Hours _____ # Still in Care and Pending

REHABILITATOR SIGNATURE: _____ DATE: _____

Mail To:
New Jersey Fish and Wildlife
Captive Game Permits
1 Eldridge Rd.
Robbinsville, NJ 08691-3476

Email To:
NJWildlifePermits@dep.nj.gov

Fax To:
(609) 259-8155