

MARINE MAMMAL REHABILITATION DISPOSITION REPORT

FIELD #: _____ NMFS REGIONAL # _____ NATIONAL DATABASE#: _____
 (NMFS USE) (NMFS USE)

COMMON NAME: _____ GENUS: _____ SPECIES: _____

REHABILITATION FACILITY: _____ Affiliation: _____

Address: _____ Phone: _____

<p>STRANDING/BIRTH HISTORY <input type="checkbox"/> Restrand</p> <p>Date: Year: _____ Month: _____ Day: _____ Location: State: _____ County: _____ City: _____ Sex: <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female</p> <p>Was this animal born in rehab? <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES; Female's ID #: _____</p>	<p>ADMISSION INTO REHABILITATION</p> <p>Date: Year: _____ Month: _____ Day: _____ Received From: _____ Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> Actual <input type="checkbox"/> Estimate Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> Actual <input type="checkbox"/> Estimate</p> <p>Number of Times Previously Admitted to Rehabilitation: _____</p>																																			
<p>MEDICAL RECORD</p> <p>Pre-Release Health Screen Date: Year: _____ Month: _____ Day: _____</p> <p>Last Day of Antibiotics: Year: _____ Month: _____ Day: _____</p>	<p>SPECIMEN TRACKING</p> <p>SAMPLES COLLECTED (Check one or more) <input type="checkbox"/> 1. Histology <input type="checkbox"/> 2. Other Diagnostics <input type="checkbox"/> 3. Life History <input type="checkbox"/> 4. Other _____</p> <p>PARTS TRACKING (Check one or more) <input type="checkbox"/> 1. Scientific collection <input type="checkbox"/> 2. Educational collection <input type="checkbox"/> 3. Other: _____</p>																																			
<p>MORPHOLOGICAL DATA AT DISPOSITION</p> <p>Animal Morphological Data at Time of Disposition: Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> Actual <input type="checkbox"/> Estimate Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> Actual <input type="checkbox"/> Estimate</p> <p>Estimated Age Class at Time of Disposition: <input type="checkbox"/> 1. Adult <input type="checkbox"/> 3. Yearling <input type="checkbox"/> 5. Unknown <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 4. Pup/Calf</p>																																				
<p>FINAL DISPOSITION</p> <p><input type="checkbox"/> Releasable <input type="checkbox"/> Non-releasable <input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> 1. Transferred to Another Rehabilitation Facility Year: _____ Month: _____ Day: _____ Facility: _____ Address: _____ Comments: _____</p> <p><input type="checkbox"/> 2. Temporarily Transferred to Research Facility Year: _____ Month: _____ Day: _____ Facility: _____ Comments: _____ NMFS Permit #: _____</p> <p><input type="checkbox"/> 3. Permanently Transferred for Research/Enhancement Year: _____ Month: _____ Day: _____ Facility: _____ Comments: _____ NMFS Permit#: _____ NOAA ID #: _____</p> <p><input type="checkbox"/> 4. Permanently Transferred for Public Display Year: _____ Month: _____ Day: _____ Facility: _____ Comments: _____ NOAA ID #: _____</p> <p><input type="checkbox"/> 5. Died <input type="checkbox"/> Euthanized Year: _____ Month: _____ Day: _____ Location: _____ Cause of Death: _____ Comments: _____</p>	<p><input type="checkbox"/> 6. Released Year: _____ Month: _____ Day: _____ State: _____ County: _____ City: _____ Locality Details: _____</p> <p>Latitude (DD): _____ N Longitude(DD): _____ W</p> <p>Released: <input type="checkbox"/> Singly <input type="checkbox"/> With Other Rehabilitated Animals</p>																																			
<p>NECROPSIED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Limited <input type="checkbox"/> Complete <input type="checkbox"/> Carcass Fresh <input type="checkbox"/> Carcass Frozen/Thawed</p> <p>NECROPSIED BY: _____ Date _____</p>																																				
<p>TAG DATA</p> <p>Tags Were:</p> <p>Present at Time of Stranding (Pre-existing): <input type="checkbox"/> YES <input type="checkbox"/> NO Applied During Stranding Response: <input type="checkbox"/> YES <input type="checkbox"/> NO Applied During Rehabilitation/Release: <input type="checkbox"/> YES <input type="checkbox"/> NO Absent but Suspect Prior Tag: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th>ID#</th> <th>Color</th> <th>Type</th> <th>Placement* (Circle ONE)</th> <th>Applied</th> <th>Present</th> <th>Removed</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L R LF LR RF RR</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L R LF LR RF RR</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L R LF LR RF RR</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L R LF LR RF RR</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table> <p>* D= Dorsal; DF= Dorsal Fin; L= Lateral Left Body R = Lateral Right Body LF= Left Front; LR= Left Rear; RF= Right Front; RR= Right Rear</p> <p>Post Release Monitoring <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Data Disposition: _____</p>		ID#	Color	Type	Placement* (Circle ONE)	Applied	Present	Removed	_____	_____	_____	D DF L R LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	D DF L R LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	D DF L R LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	D DF L R LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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