MARINE MAMMAL REHABILITATION DISPOSITION REPORT

'IELD #:		NATIONAL DATABASE#: IFS USE) (NMFS USE)
	(NW	IFS USE) (NMFS USE)
OMMON NAME:	GENUS:	SPECIES:
EHABILITATION FACILTY:		Affiliation:
ddress:		Phone:
Sex: □ 1. Male □ 2. Fe Was this animal born in rehab?	Day: ty:City: emale	ADMISSION INTO REHABILITATION Date: Year: Month: Parceived From: Straight Length: □ cm □ in □ Actual □ Estimate Weight: □ kg □ lb □ Actual □ Estimate Number of Times Previously Admitted to Rehabilitation:
MEDICAL RECORD		SPECIMEN TRACKING
Pre-Release Health Screen Da Year:Da		SAMPLES COLLECTED (Check one or more)
Last Day of Antibiotics: Year:	Nonth:Day:	PARTS TRACKING (Check one or more) I 1. Scientific collection I 2. Educational collection I 3. Other:
		Estimated Age Class at Time of Disposition: □ 1. Adult □ 3.Yearling □ 5. Unknown □ 2. Subadult □ 4. Pup/Calf
Releasable Non-rele I. Transferred to Another R Year:Month: Facility: Address: Comments: 2. Temporarily Transferred Year:Month:	Rehabilitation Facility Day: Day: d to Research Facility Day:	
Facility: Comments:		TAG DATA
Year:Month: Facility:	d for Research/Enhancement Day: NOAA ID #:	Tags Were: Present at Time of Stranding (Pre-existing): YES INO Applied During Stranding Response: YES INO Applied During Rehabilitation/Release: YES INO Absent but Suspect Prior Tag: YES INO ID# Color Type Placement* Applied Present Removed Present Removed
d. Permanently Transferred Year:Month: Facility:	Day:	D DF L R D
Comments:		LF LR RF RR D DF L R
□ 5. Died Year:Month: Location: Cause of Death:	Euthanized Day:	LF LR RF RR D DF L R 0 0 LF LR RF RR D DF L R 0 0 LF LR RF RR
NECROPSIED YES NO Carcass Fresh Carcass Fr NECROPSIED BY:	□ N/A □ Limited □ Complete rozen/Thawed	 * 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 Post Release Monitoring □ YES □ NO
		Post Release Monitoring □ YES □ NO Data Disposition:

PLEASE USE THE BACK SIDE OF THIS FORM FOR ADDITIONAL REMARKS

(If animal is restranded, please indicate any previous field numbers here)

ADDITIONAL REMARKS:

DISCLAIMER

THESE DATA SHOULD NOT BE USED OUT OF CONTEXT OR WITHOUT VERIFICATION. THIS SHOULD BE STRICTLY ENFORCED WHEN REPORTING SIGNS OF HUMAN INTERACTION DATA.

DATA ACCESS FOR MARINE MAMMAL REHABILITATION DISPOSITION DATA

UPON WRITTEN REQUEST, CERTAIN FIELDS OF THE MARINE MAMMAL REAHBILITATION DISPOSITION DATA SHEET WILL BE RE-LEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR CREDIT THE STRANDING NETWORK AND THE NATIONAL MARINE FISHERIES SERVICE. THE NATIONAL MARINE FISHERIES SERVICE WILL NOTIFY THE CONTRIBUTING STRANDING NETWORK MEM-BERS THAT THESE DATA HAVE BEEN REQUESTED AND THE INTENT OF USE. ALL OTHER DATA WILL BE RELEASED TO THE RE-QUESTOR PROVIDED THAT THE REQUESTOR OBTAIN PERMISSION FROM THE CONTRIBUTING STRANDING NETWORK AND THE NA-TIONAL MARINE FISHERIES SERVICE.

PAPERWORK REDUCTION ACT INFORMATION

PUBLIC REPORTING BURDEN FOR THE COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 30 MINUTES PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND MAINTAINING THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. SEND COMMENTS REGARDING THIS BUR-DEN ESTIMATE OR ANY OTHER ASPECT OF THE COLLECTION INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THE BUR-DEN ESTIMATE OR ANY OTHER ASPECT OF THE COLLECTION INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THE BUR-DEN TO: CHIEF, MARINE MAMMAL AND SEA TURTLE CONSERVATION DIVISION, OFFICE OF PROTECTED RESOURCES, NOAA FISHER-IES, 1315 EAST-WEST HIGHWAY, SILVER SPRING, MARYLAND 20910. NOT WITHSTANDING ANY OTHER PROVISION OF THE LAW, NO PERSON IS REQUIRED TO RESPOND, NOR SHALL ANY PERSON BE SUBJECTED TO A PENALTY FOR FAILURE TO COMPLY WITH, A COLLECTION OF INFORMATION SUBJECT TO THE REQUIREMENTS OF THE PAPERWORK REDUCTION ACT, UNLESS THE COLLECTION OF INFORMATION DISPLAYS A CURRENTLY VALID OFFICE OF MANAGEMENT AND BUDGET (OMB) CONTROL NUMBER.



NOAA Form 89-864; OMB Control No.0648-0178; Expiration Date 03/31/2023