

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 Date: Year: _____ Month: _____ Day: _____ Location: State: _____ County: _____ City: _____ Sex: <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female Was this animal born to a female in rehab? <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES; Female's ID #: _____</p>	<p>ADMISSION INTO REHABILITATION 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>MEDICAL RECORD Pre-Release Health Screen Date: Year: _____ Month: _____ Day: _____ Last Day of Antibiotics: Year: _____ Month: _____ Day: _____</p>	<p>SPECIMEN TRACKING Samples Collected: <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> 1. Scientific collection <input type="checkbox"/> 2. Education collection <input type="checkbox"/> 3. Other: _____</p>																								
<p>MORPHOLOGICAL DATA AT DISPOSITION Animal Morphological Data at Time of Disposition: Age Class at Time of Disposition: Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> actual <input type="checkbox"/> estimate <input type="checkbox"/> 1. Adult <input type="checkbox"/> 3. Yearling <input type="checkbox"/> 5. Unknown Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimate <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 4. Pup/Calf</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. Deemed Nonreleasable and Transferred to Research Facility Year: _____ Month: _____ Day: _____ Facility: _____ Comments: _____ NMFS PIMS #: _____</p> <p><input type="checkbox"/> 4. Deemed Nonreleasable and Transferred to Permanent Captivity Year: _____ Month: _____ Day: _____ Facility: _____ Comments: _____ NMFS PIMS #: _____</p> <p><input type="checkbox"/> 5. Died <input type="checkbox"/> Euthanized Year: _____ Month: _____ Day: _____ Location: _____ Cause of Death: _____ Comments: _____</p> <p>NECROPSIED <input type="checkbox"/> NO <input type="checkbox"/> YES <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><input type="checkbox"/> 6. Released Year: _____ Month: _____ Day: _____ State: _____ County: _____ City: _____ Locality Details: _____ Latitude (DD): _____ N Longitude(DD): _____ W</p> <p>TAG DATA 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: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">ID#</th> <th style="text-align: left;">Color</th> <th style="text-align: left;">Type</th> <th style="text-align: left;">Placement* (Circle ONE)</th> <th style="text-align: left;">Applied</th> <th style="text-align: left;">Present</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L LF LR RF RR</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p>* D= Dorsal; DF= Dorsal Fin; L= Lateral Body LF= Left Front; LR= Left Rear; RF= Right Front; RR= Right Rear</p> <p>Post Release Biomonitoring <input type="checkbox"/> YES <input type="checkbox"/> NO Data Disposition: _____</p>	ID#	Color	Type	Placement* (Circle ONE)	Applied	Present	_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>
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