

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: _____</p> <p>Location: State: _____ County: _____ City: _____</p> <p>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: _____</p> <p>Received From: _____</p> <p>Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> actual <input type="checkbox"/> estimate</p> <p>Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimate</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: <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO</p> <p><input type="checkbox"/> 1. Scientific collection</p> <p><input type="checkbox"/> 2. Education collection</p> <p><input type="checkbox"/> 3. Other: _____</p>																								
<p>MORPHOLOGICAL DATA AT DISPOSITION</p> <p>Animal Morphological Data at Time of Disposition:</p> <p>Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> actual <input type="checkbox"/> estimate</p> <p>Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimate</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</p> <p>Year: _____ Month: _____ Day: _____</p> <p>Facility: _____</p> <p>Address: _____</p> <p>Comments: _____</p> <p><input type="checkbox"/> 2. Temporarily Transferred to Research Facility</p> <p>Year: _____ Month: _____ Day: _____</p> <p>Facility: _____</p> <p>Comments: _____</p> <p>NMFS Permit #: _____</p> <p><input type="checkbox"/> 3. Permanently Transferred for Research/Enhancement</p> <p>Year: _____ Month: _____ Day: _____</p> <p>Facility: _____</p> <p>Comments: _____</p> <p>NMFS Permit#: _____ NOAA ID #: _____</p> <p><input type="checkbox"/> 4. Permanently Transferred for Public Display</p> <p>Year: _____ Month: _____ Day: _____</p> <p>Facility: _____</p> <p>Comments: _____</p> <p>NOAA ID #: _____</p> <p><input type="checkbox"/> 5. Died <input type="checkbox"/> Euthanized</p> <p>Year: _____ Month: _____ Day: _____</p> <p>Location: _____</p> <p>Cause of Death: _____</p> <p>Comments: _____</p> <p>NECROPSIED <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Limited <input type="checkbox"/> Complete</p> <p><input type="checkbox"/> Carcass Fresh <input type="checkbox"/> Carcass Frozen/Thawed</p> <p>NECROPSIED BY: _____ Date _____</p>																									
<p><input type="checkbox"/> 6. Released</p> <p>Year: _____ Month: _____ Day: _____</p> <p>State: _____ County: _____ City: _____</p> <p>Locality Details: _____</p> <p>Latitude (DD): _____ N</p> <p>Longitude(DD): _____ W</p> <p>Released: <input type="checkbox"/> Singly <input type="checkbox"/> With Other Rehabilitated Animals</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</p> <p>Applied during Stranding Response: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>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</p> <p>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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ADDITIONAL REMARKS

ADDITIONAL IDENTIFIER:

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 RELEASED 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 MEMBERS THAT THESE DATA HAVE BEEN REQUESTED AND THE INTENT OF USE. ALL OTHER DATA WILL BE RELEASED TO THE REQUESTOR PROVIDED THAT THE REQUESTOR OBTAIN PERMISSION FROM THE CONTRIBUTING STRANDING NETWORK AND THE NATIONAL 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 BURDEN ESTIMATE OR ANY OTHER ASPECT OF THE COLLECTION INFORMATION, INCLUDING SUGGESTIONS FOR REDUCING THE BURDEN TO: CHIEF, MARINE MAMMAL AND SEA TURTLE CONSERVATION DIVISION, OFFICE OF PROTECTED RESOURCES, NOAA FISHERIES, 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 SUBJECT 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.



MARINE MAMMAL REHABILITATION DISPOSITION **REPORT – VERSION 2007**

ADMINISTRATIVE INFORMATION

Field #: This should be the same original field number used on the Level A form. If additional identifiers were given during rehab, they should be listed on the back under “ADDITIONAL REMARKS” section of the form. Assign each stranding event a unique identifier. Format is open to each agency’s requirements; however, please remain consistent within your agency.

NMFS Regional #: Leave this blank. NMFS will assign a regional number consistent with the National Marine Mammal Stranding Database.

National Database #: Leave this blank. NMFS will assign a national database number consistent with the National Marine Mammal Stranding Database.

Common Name: The common name of the stranded animal. If identity is not determined to species, describe the level to which the remains can be identified. (Example: unknown, pinniped/cetacean, otariid/phocid, or odontocete/mysticete, delphinid/phocoenid, etc.)

Genus/Species: This is the Latin name for the animal in standard binomial nomenclature. If either genus or species is not identifiable, fill in the appropriate blank with “UNKNOWN.”

Rehabilitation Facility: Name of the rehabilitation facility where the animal has been admitted for treatment and rehabilitation. A separate Marine Mammal Rehabilitation Disposition sheet will be filled out each facility involved with the case including the primary or any secondary facilities.

Affiliation: Affiliation of the rehabilitation facility who is submitting the report. This could be through a Stranding Agreement or as a Designee organization (designee of a Stranding Agreement holder), or an agency of a federal, state, or local government authorized under MMPA Section 109(h).

Address: Mailing address of the Rehabilitation Facility.

Phone: Daytime (Work) phone number where a primary contact for the Rehabilitation Facility may be reached for further comment. NOTE: Please include only business addresses and phone numbers, to prevent the release of personal information to the public.

STRANDING/BIRTH HISTORY

Restrand - Check this box if the animal has previously stranded, either with your organization or another. The animal may have tags from a rehabilitation facility, or may have recognizable and distinctive features. If this box is checked, you **MUST** indicate the previous numbers assigned to this animal (by your facility or others) on the back of the form in the space marked “Additional Identifiers.”

Date: Enter the date upon which the animal stranded. Use date entered under “Initial Observation” on the Level A form.

Location: The standard state, county, and city names for the stranding location (use the data entered under “Location of Initial Observation” on the Level A form). This should include boroughs, parishes, provinces, islands, commonwealths, and territories.

Sex (Check One): Check the box indicating the sex of the animal.

Was the animal born in rehab? - Check “YES” if this was animal born while the female (i.e., dam, mother) was in rehabilitation, check “NO” if it was not.

Female’s ID #: If check yes above, then enter the female’s (i.e.; dam, mother) field identification number from the Level A form.

ADMISSION INTO REHABILITATION

Date: Enter the date when the animal was admitted into **your** rehabilitation facility. This date could pertain to when a secondary rehabilitation facility received an animal from the original or primary facility.

Received From: Record from where the animal was obtained, and this could include directly from the stranding site, triage site or another rehabilitation facility.

Straight Length: Record the straight length (not contoured) of the animal on or around the date of admission into rehabilitation. Please check if this was an actual or estimated measurement.

- **cm** = centimeters (preferred)
- **in** = inches
 - **actual** = Check if this was an actual measurement (physical measurement)
 - **estimated** = Check if this was an estimated measurement (visual measurement).

Weight: Weight - Record the weight of the animal on or around the date of admission into rehabilitation. Please check if this was an actual or estimated measurement.

- **kg** = kilograms (preferred)
- **lb** = pounds
 - **actual** = Check if this was an actual measurement (physical measurement)

- **estimated** = Check if this was an estimated measurement (visual measurement).

MEDICAL RECORD

Pre-Release Health Screen Date: 2007 U.S. National Marine Fisheries Service/U.S. Fish and Wildlife Service *The Best Practices Marine Mammal Stranding Response, Rehabilitation, and Release – Standards for Release* require that a pre-release health screen be completed on all marine mammals prior to release back into the wild. Indicate the date that this was completed.

Last Day of Antibiotics: Record the date of the last dose of antibiotics administered to the animal in rehabilitation.

SPECIMEN TRACKING

Samples Collected (Check all that apply) – Check the following boxes to indicate if **nondiagnostic** specimens were collected for scientific, educational, or other purposes (i.e., skin for genetics, blubber for contaminants, bones for collection, etc.). The disposition (both transitory and final) of these specimens should be recorded on the back of the form under “ADDITIONAL REMARKS.” Please check with your NMFS regional stranding coordinator regarding marine mammal parts authorizations prior to retention and transfer.

- **Scientific collection** - check this box if specimens from the live animal or carcass, including skeletal parts, were retained for scientific research.
- **Educational collection** - check this box if specimens from the live animal or carcass, including skeletal parts, were retained for educational purposes.
- **Other** - check this box if the fate of specimens from the live animal or carcass, including skeletal parts, was other than that above and briefly indicate the disposition. **This could include samples for diagnostics.**

Diagnostic Samples (Optional). List the specific samples or specimens that were taken, the diagnostic test or reason for sampling, and the disposition or location of the sample, on the back of the form under “ADDITIONAL REMARKS” or on an attached form or page (say “Form attached”).

MORPHOLOGICAL DATA DISPOSITION

Animal Morphological Data at Time of Disposition: Record these data below on or near the date of “Final Disposition.”

Straight Length: Record the straight length (not contoured) of the animal on or around the date of final disposition. See choices below in the “Final Disposition” section. Please check if this was an actual or estimated measurement.

- **cm** = centimeters (preferred)

- **in** = inches
 - **actual** = Check if this was an actual measurement (physical measurement)
 - **estimated** = Check if this was an estimated measurement (visual measurement).

Weight: Weight - Record the weight of the animal on or around the date of final disposition. See choices below in the “Final Disposition” section. Please check if this was an actual or estimated measurement.

- **kg** = kilograms (preferred)
- **lb** = pounds
 - **actual** = Check if this was an actual measurement (physical measurement)
 - **estimated** = Check if this was an estimated measurement (visual measurement).

AGE CLASS (check One): Check the box indicating the animal’s age class at the time of “Final Disposition.” If possible, use information based on reproductive organs, teeth or accepted length/age data:

- **Adult:** This age class would be used for an animal that is judged or found upon necropsy to be sexually mature.
- **Subadult:** This age class would be used for a animal that is judged to be greater than one year old, but not yet mature.
- **Yearling:** This age class would be used for an animal that is judged to be approximately one year old, using length or time of year.
- **Pup/Calf:** This age class would be used for a stranded animal that is smaller than yearling size, or in a population where it would be younger than one year old.
- **Unknown:** This age class would be used for an animal if you are unable to determine its age.

FINAL DISPOSITION

Check the box which best represents the final release determination based on the 2007 U.S. National Marine Fisheries Service/U.S. Fish and Wildlife Service *The Best Practices Marine Mammal Stranding Response, Rehabilitation, and Release – Standards for Release*.

- **Releasable** – check this box if the animal was deemed releasable by NMFS (either conditional or unconditional).
- **Nonreleasable** – check this box if the animal was deemed non releasable by NMFS.
- **Not Applicable** – check this box if the animal died or was euthanized in rehabilitation or was transferred to another rehab facility before a final determination was made.

Transferred to Another Rehabilitation Facility - Check this box if the animal was transferred to another rehabilitation facility, while still in rehabilitation status, during its rehabilitation.

- **Date** - Enter the date that the animal was transferred to another rehabilitation

- facility (year, month, and day).
- **Facility** - Enter the name of the rehabilitation facility that received the transferred animal.
 - **Address** - Enter the address of the rehabilitation facility that received the transferred animal.
 - **Comments** – Enter additional comments regarding the transfer of the animal. If necessary to continue reporting, use the back of this form in ADDITIONAL REMARKS section.

Temporarily Transferred to Research Facility

- **Date** - Enter the date that the animal was temporarily transferred to an authorized Research Facility (year, month, and day).
- **Facility** - Enter the name of the research facility that received the transferred animal.
- **Comments** – Enter additional comments regarding the transfer of the animal. If necessary to continue reporting, use the back of this form in ADDITIONAL REMARKS section.
- **NMFS Permit #** - Enter in the NMFS Permit # assigned to the Research Facility that authorizes them to work with marine mammals in rehabilitation.

Permanently Transferred for Research/Enhancement

- **Date** - Enter the date that the animal was permanently transferred to an authorized Research Facility (year, month, and day).
- **Facility** - Enter the name of the research facility that received the transferred animal.
- **Comments** – Enter additional comments regarding the transfer of the animal. If necessary to continue reporting, use the back of this form in ADDITIONAL REMARKS section.
- **NMFS Permit #** - Enter in the NMFS Permit # assigned to the Research Facility that authorizes them to work with marine mammals in rehabilitation.
- **NOAA ID #** - Leave this **blank**. NMFS will assign an official identification number for animals in permanent captivity in the Marine Mammal Inventory.

Permanently Transferred for Public Display

- **Date** - Enter the date that the animal was permanently transferred to an authorized Public Display Facility (year, month, and day).
- **Facility** - Enter the name of the public display facility that received the transferred animal.
- **Comments** – Enter and additional comments regarding the transfer of the animal. If necessary to continue reporting, use the back of this form in ADDITIONAL REMARKS section.
- **NOAA ID #** - Leave this **blank**. NMFS will assign an official identification number for animals in permanent captivity in the Marine Mammal Inventory.

Died

- **Euthanized** – check this box if the animal was euthanized while at the rehabilitation facility or during transport.
- **Date** – Enter the date of death (year, month, and day)
- **Location** – Enter the location of death (rehabilitation facility, temporary research facility, transport, etc)
- **Cause of Death** – If known, enter in the cause of death.
- **Comments** – Enter additional comments regarding the cause of death of the animal. If necessary to continue reporting, use the back of this form in ADDITIONAL REMARKS section. If applicable, please remember to fill out the section entitled “Specimen tracking.”

NECROPSIED - Indicate “YES” if a necropsy was completed to obtain Level-C data.

- **Limited Necropsy** - A partial necropsy includes a detailed exam of the carcass in which some of the organs or systems are examined, collected, and analyzed according to established protocols, but either the condition of the animal or other factors limits a complete necropsy. Please indicate in the **ADDITIONAL REMARKS** section the systems examined and not examination as well as examination findings.
- **Complete necropsy** - A complete necropsy consists of a detailed exam where the majority of organs are examined, collected (i.e., if feasible, this could include tissues for histopathology) and analyzed according to established protocols. This will include documenting any internal lesions, bruising, or broken/fractured bones, and examining the entire GI tract for lesions, foreign material, gear, and other natural contents (e.g. food), and the lungs/bronchi. A necropsy report is generated and disseminated to the pathologist on record.
- **Carcass Fresh** = Check if the necropsy was conducted on a fresh carcass (not frozen before examination).
- **Carcass Frozen/Thawed** = Check if the necropsy was conducted on a carcass that was frozen and thawed.

NECROSPIED BY - List the name and contact information of the primary person/facility who conducted the necropsy.

Date – List the date when the necropsy was done.

Released

Date – Enter in the date (Year, month, and day) when the animal was released.

State, County, and City - Enter in the state, county (if applicable), and city (if applicable) names for the location of release. For offshore releases (U.S. waters between 3 and 200 miles offshore), fill State with “EEZ” and closest state. This should include boroughs, parishes, provinces, islands, commonwealths, and territories.

Locality Details: Using known landmarks (access point, mile markers, street addresses

etc), describe the precise locality where the animal was released. Compass bearings and relative distances are useful but GPS coordinates are preferred. For animals released offshore, this should include the referencing the associated ocean, sea, or gulf.

GPS Coordinates of Release: Documentation in decimal degrees is **required**. NOTE: Negative longitude represents the Western Hemisphere, positive longitude represents the Eastern Hemisphere, negative latitude represents the Southern Hemisphere, and positive latitude represents the Northern Hemisphere. Note that most GPS units can be set to display latitude and longitude in the decimal degree format and there are many lat/long conversion websites on the internet.

Released – check the box if the animal was released “**singly**” or concurrently “**with other rehabilitated animals.**”

TAG DATA

Present at Time of Stranding (Pre-existing) - Mark “**YES**” if tags or identification markings were pre-existing (present on the animal at the time of stranding).

Applied During Stranding Response - Mark “**YES**” if tags or identification markings were applied by the stranding response organization (i.e. prior to release at stranding or relocation site, to prevent a carcass from being double-counted, etc.).

Applied During Rehabilitation - Mark “**YES**” if tags or identification markings were applied by the rehabilitation facility.

NOTE: If no tags were present or applied, the responder should check “**NO**” for all three boxes and skip the rest of the section.

Document details about the type, color, and placement of identification tags, brands, or markings:

ID# - Write the number(s) of the identifying tag(s), brand(s), or other applied marking(s), if applicable.

Color - Using basic color-names, indicate the identifying color of tags where applicable.

Type - List the type of tag, brand, or other applied marking. For example, radio, PIT, plastic, roto, spaghetti, satellite, freeze brand, bleach mark, paint, etc.

Placement - Circle (ONE) the location of each applied/present marking:

D = dorsal body

DF = dorsal fin

L = lateral body

LF = left front flipper/appendage

LR = left rear flipper/appendage

RF = right front flipper/appendage

RR = right rear flipper/appendage

Applied = Check “Applied” for each of the tags, brands, or other makings that were

applied after the animal stranded, as part of the stranding or rescue response. If the animal was rehabilitated and released with tags or markings, you may update this part of the Level A form after they are applied.

Present = Check “Present” for each of the tags, brands, or other markings that were already present when the animal stranded.

Post Release Biomonitoring - Please indicate if an active post release biomonitoring effort was undertaken (i.e., remote telemetry using VHF and/or satellite).

Data Disposition: If post release biomonitoring occurred, then enter where these data are housed.

BACK OF FORM

ADDITIONAL IDENTIFIERS: Include any additional information related to the Field ID number or identification of the stranding event. Examples include: previous Field ID numbers if this animal previously stranded; ID numbers assigned by other organizations (including authorized rehabilitation facilities to which the animal is transferred), former identification numbers from scientific research projects, etc.

ADDITIONAL REMARKS: Include comments, and list other data sheets that may have been completed such as morphometrics, necropsy, rehabilitation disposition, specimen tracking, etc. Include further details or comments on any of the data fields from the front of the sheet.