

# MARINE MAMMAL REHABILITATION DISPOSITION REPORT

FIELD #: \_\_\_\_\_ NMFS REGIONAL # \_\_\_\_\_ NATIONAL DATABASE#: \_\_\_\_\_  
(NMFS USE) (NMFS USE)

COMMON NAME: \_\_\_\_\_ GENUS: \_\_\_\_\_ SPECIES: \_\_\_\_\_

REHABILITATION FACILITY: \_\_\_\_\_ Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**STRANDING/BIRTH HISTORY**  Restrand

Date: Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_  
 Location: State: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_  
 Sex:  1. Male  2. Female

Was this animal born in rehab?  
 1. NO  2. YES; Female's ID #: \_\_\_\_\_

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Weight: \_\_\_\_\_  kg  lb  Actual  Estimate  2. Subadult  4. Pup/Calf

**FINAL DISPOSITION**

Releasable  Non-releasable  Not Applicable

**1. Transferred to Another Rehabilitation Facility**  
 Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_  
 Facility: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**2. Temporarily Transferred to Research Facility**  
 Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_  
 Facility: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 NMFS Permit #: \_\_\_\_\_

**3. Permanently Transferred for Research/Enhancement**  
 Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_  
 Facility: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 NMFS Permit#: \_\_\_\_\_ NOAA ID #: \_\_\_\_\_

**4. Permanently Transferred for Public Display**  
 Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_  
 Facility: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 NOAA ID #: \_\_\_\_\_

**5. Died**  Euthanized  
 Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Cause of Death: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**6. Released**  
 Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_  
 State: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_  
 Locality Details: \_\_\_\_\_  
 Latitude (DD): \_\_\_\_\_ N  
 Longitude(DD): \_\_\_\_\_ W  
 Released:  Singly  With Other Rehabilitated Animals

**TAG DATA**

**Tags Were:**

Present at Time of Stranding (Pre-existing):  YES  NO  
 Applied During Stranding Response:  YES  NO  
 Applied During Rehabilitation/Release:  YES  NO  
 Absent but Suspect Prior Tag:  YES  NO

ID#	Color	Type	Placement* (Circle ONE)	Applied	Present	Removed
_____	_____	_____	D DF L R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	D DF L R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	D DF L R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* 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

Data Disposition: \_\_\_\_\_

**NECROPSIED**  YES  NO  N/A  Limited  Complete  
 Carcass Fresh  Carcass Frozen/Thawed

NECROPSIED BY: \_\_\_\_\_ Date \_\_\_\_\_



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.

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