

**MARINE MAMMAL REHABILITATION DISPOSITION REPORT**

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

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

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

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

| <p><b>STRANDING/BIRTH HISTORY</b></p> <p>Date: Year: _____ Month: _____ Day: _____<br/>                 Location: State: _____ County: _____ City: _____<br/>                 Sex: <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female</p> <p>Was this animal born in rehab?<br/> <input type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES; Female's ID #: _____</p>   | <p><b>ADMISSION INTO REHABILITATION</b></p> <p>Date: Year: _____ Month: _____ Day: _____<br/>                 Received From: _____<br/>                 Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> Actual <input type="checkbox"/> Estimate<br/>                 Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> Actual <input type="checkbox"/> Estimate <span style="float:right;"><input type="checkbox"/> Restrand</span></p> <p>Number of Times Previously Admitted to Rehabilitation: _____</p> |       |                            |                          |                            |                          |         |         |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |
|--|---|-------|----------------------------|--------------------------|----------------------------|--------------------------|---------|---------|-------|-------|-------|-------------------------|--------------------------|--------------------------|--------------------------|-------|-------|-------|-------------------------|--------------------------|--------------------------|--------------------------|-------|-------|-------|-------------------------|--------------------------|--------------------------|--------------------------|-------|-------|-------|-------------------------|--------------------------|--------------------------|--------------------------|
| <p><b>MEDICAL RECORD</b></p> <p>Pre-Release Health Screen Date:<br/>                 Year: _____ Month: _____ Day: _____</p> <p>Last Day of Antibiotics: Year: _____ Month: _____ Day: _____ <input type="checkbox"/> N/A</p>  | <p><b>SPECIMEN TRACKING</b></p> <p><b>SAMPLES COLLECTED</b> (Check one or more)<br/> <input type="checkbox"/> 1. Histology <input type="checkbox"/> 2. Other Diagnostics <input type="checkbox"/> 3. Life History <input type="checkbox"/> 4. Skeletal<br/> <input type="checkbox"/> 5. Other _____</p> <p><b>PARTS TRACKING</b> (Check one or more)<br/> <input type="checkbox"/> 1. Scientific collection <input type="checkbox"/> 2. Educational collection <input type="checkbox"/> 3. Other: _____</p>   |       |                            |                          |                            |                          |         |         |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |
| <p><b>MORPHOLOGICAL DATA AT DISPOSITION</b></p> <p>Animal Morphological Data at Time of Disposition:<br/>                 Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> Actual <input type="checkbox"/> Estimate<br/>                 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:<br/> <input type="checkbox"/> 1. Adult <input type="checkbox"/> 3. Yearling <input type="checkbox"/> 5. Unknown<br/> <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 4. Pup/Calf</p>  |   |       |                            |                          |                            |                          |         |         |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |
| <p><b>FINAL DISPOSITION</b></p> <p><input type="checkbox"/> Releasable <input type="checkbox"/> Non-releasable <input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> <b>1. Transferred to Another Rehabilitation Facility</b><br/>                 Year: _____ Month: _____ Day: _____<br/>                 Facility: _____<br/>                 Address: _____<br/>                 Comments: _____</p> <p><input type="checkbox"/> <b>2. Temporarily Transferred to Research Facility</b><br/>                 Year: _____ Month: _____ Day: _____<br/>                 Facility: _____<br/>                 Comments: _____<br/>                 NMFS Permit #: _____</p> <p><input type="checkbox"/> <b>3. Permanently Transferred for Research/Enhancement</b><br/>                 Year: _____ Month: _____ Day: _____<br/>                 Facility: _____<br/>                 Comments: _____<br/>                 NMFS Permit#: _____ NOAA ID #: _____</p> <p><input type="checkbox"/> <b>4. Permanently Transferred for Public Display</b><br/>                 Year: _____ Month: _____ Day: _____<br/>                 Facility: _____<br/>                 Comments: _____<br/>                 NOAA ID #: _____</p> <p><input type="checkbox"/> <b>5. Died</b> <span style="margin-left: 100px;"><input type="checkbox"/> <b>Euthanized</b></span><br/>                 Year: _____ Month: _____ Day: _____<br/>                 Location: _____<br/>                 Cause of Death: _____<br/>                 Comments: _____</p>  | <p><input type="checkbox"/> <b>6. Released</b></p> <p>Year: _____ Month: _____ Day: _____<br/>                 State: _____ County: _____ City: _____<br/>                 Locality Details: _____</p> <p>Latitude (DD): _____ N<br/>                 Longitude(DD): _____ W</p> <p>Released: <input type="checkbox"/> Singly <input type="checkbox"/> With Other Rehabilitated Animals</p>   |       |                            |                          |                            |                          |         |         |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |
| <p><b>TAG DATA</b></p> <p><b>Tags Were:</b></p> <p>Present at Time of Stranding (Pre-existing): <input type="checkbox"/> YES <input type="checkbox"/> NO<br/>                 Applied During Stranding Response: <input type="checkbox"/> YES <input type="checkbox"/> NO<br/>                 Applied During Rehabilitation/Release: <input type="checkbox"/> YES <input type="checkbox"/> NO<br/>                 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: 10px;"> <thead> <tr> <th>ID#</th> <th>Color</th> <th>Type</th> <th>Placement*<br/>(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<br/>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<br/>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<br/>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<br/>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<br/>                 LF= Left Front; LR= Left Rear; RF= Right Front; RR= Right Rear</p> |   | ID#   | Color                      | Type                     | Placement*<br>(Circle ONE) | Applied                  | Present | Removed | _____ | _____ | _____ | D DF L R<br>LF LR RF RR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | D DF L R<br>LF LR RF RR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | D DF L R<br>LF LR RF RR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | _____ | D DF L R<br>LF LR RF RR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ID#  | Color   | Type  | Placement*<br>(Circle ONE) | Applied                  | Present                    | Removed                  |         |         |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |
| _____  | _____   | _____ | D DF L R<br>LF LR RF RR    | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |         |         |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |
| _____  | _____   | _____ | D DF L R<br>LF LR RF RR    | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |         |         |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |
| _____  | _____   | _____ | D DF L R<br>LF LR RF RR    | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |         |         |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |
| _____  | _____   | _____ | D DF L R<br>LF LR RF RR    | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |         |         |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |
| <p><b>NECROPSIED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/> Partial <input type="checkbox"/> Complete<br/> <input type="checkbox"/> Carcass Fresh <input type="checkbox"/> Carcass Frozen/Thawed</p> <p><b>NECROPSIED BY:</b> _____ <b>Date</b> _____</p>  | <p><b>Post Release Monitoring</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Data Disposition: _____</p>   |       |                            |                          |                            |                          |         |         |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |       |       |       |                         |                          |                          |                          |

**ADDITIONAL IDENTIFIER:** \_\_\_\_\_  
(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 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 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.

