MARINE MAMMAL REHABILITATION DISPOSITION REPORT

| FIELD #: | | NATIONAL DATABAS | SE#: | | FS USE) | |
|--|--------------------------|---|--|--------------------------|---|----------|
| | (INIVII | -3 USE) | | (INIVI | F3 U3E) | |
| COMMON NAME: | GENUS: | | _SPECIES: | | | |
| REHABILITATION FACILTY: | | Affiliation: | | | | |
| Address: | | Phone: | | | | |
| | | | | | | |
| STRANDING/BIRTH HISTORY Date: Year: Month: Day Location: State: County: Sex: 1. Male 2. Female Was this animal born in rehab? 1. NO 2. YES; Female's ID #: | City: | ADMISSION INTO REHABILIT Date: Year: Month: Received From: Straight Length: Weight: Number of Times Previously A | Day: □ cm □ in □ A kg □ lb □ Ao | ctual □ Es ctual □ Es | stimate timate | Restrand |
| MEDICAL RECORD | | SPECIMEN TRACKING | | | | |
| Pre-Release Health Screen Date: Year:Month:Day:N Last Day of Antibiotics: Year:N | | SAMPLES COLLECTED (Check one or more) 1. Histology 2. Other Diagnostics 3. Life History 4. Skeletal 5. Other PARTS TRACKING (Check one or more) 1. Scientific collection 2. Educational collection 3. Other: | | | | |
| MORPHOLOGICAL DATA AT DISPO | SITION | | | | | |
| Animal Morphological Data at Time of Straight Length: □ cm Weight: □ kg | □ in □ Actual □ Estimate | Estimated Age Class at Time o 1. Adult | ng □ 5. U | nknown | | |
| FINAL DISPOSITION Releasable Non-releasable 1. Transferred to Another Rehabil Year: Month: Da Facility: Address: Comments: 2. Temporarily Transferred to Re Year: Month: Da | itation Facility y: | □ 6. Released Year:Month: State:County: Locality Details: Latitude (DD): Longitude(DD): Released: □ Singly | City: | | | N |
| Facility: | , | TAG DATA | | | | |
| NMFS Permit #: | AA ID #: | | Response: on/Release: | PES | S O NO S O NO S O NO S O NO Present | Removed |
| □ 5. Died Year:Month: Day: | □ Euthanized | | D DF L R LF LR RF RR | | | |
| Location: Cause of Death: Comments: | | * D= Dorsal; DF= Dorsal Fin; l | D DF L R LF LR RF RR L= Lateral Left B | □ ody R = L | | |
| NECROPSIED YES NO N/A | □ Partial □ Complete | LF= Left Front; LR= Left Rea | ar; RF= Right Fr | ont; RR= | Right Rear | • |
| □ Carcass Fresh □ Carcass Frozen/T NECROPSIED BY: | | Post Release Monitoring Data Disposition: | □ YE | S □N0 |) | |

| 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 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 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.

