MARINE MAMMAL REHABILITATION DISPOSITION REPORT

FIELD #:_____ **NMFS REGIONAL #**_____**NATIONAL DATABASE#:**_____

(NMFS USE) (NMFS USE)

COMMON NAME: _____**GENUS**: _____**SPECIES**: _____

REHABILITATION FACILTY: _____**Affiliation:** _____

Address: _____**Phone:** _____

STRANDING/BIRTH HISTORY

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 #: _____

ADMISSION INTO REHABILITATION

Date: Year:_____ Month:_____ Day: _____
Received From: _____
Straight Length:_____ □ cm □ in □ Actual □ Estimate
Weight:_____ □ kg   □ lb   □ Actual □ Estimate
□ Restrand
Number of Times Previously Admitted to Rehabilitation: _____

MEDICAL RECORD

Pre-Release Health Screen Date:
Year:_____ Month:_____ Day:_____

Last Day of Antibiotics: Year:_____ Month:_____ Day: _____ □ N/A

SPECIMEN TRACKING

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 DISPOSITION

Animal Morphological Data at Time of Disposition:
Straight Length:_____ □ cm □ in □ Actual □ Estimate
Weight:_____ □ kg □ lb □ Actual □ Estimate

Estimated Age Class at Time of Disposition:
□ 1. Adult   □ 3.Yearling   □ 5. Unknown
□ 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 LF LR RF RR	□	□	□
_____			D DF L R LF LR RF RR	□	□	□
_____			D DF L R LF LR RF RR	□	□	□
_____			D DF L R LF LR RF RR	□	□	□

* 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   □ Partial □ Complete
□ Carcass Fresh □ Carcass Frozen/Thawed

NECROPSIED BY:_____**Date**_____

ADDITIONAL IDENTIFIER: _____
(If animal is restranded, please indicate any previous field numbers here)

ADDITIONAL REMARKS:

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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 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.

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