



WASHINGTON WILDLIFE REHABILITATOR ANNUAL REPORT FOR YEAR _____

INSTRUCTIONS – Please complete the following information being sure to note any changes in address and sponsoring veterinarian by checking appropriate lines in #11. Sign and date the form. **DOAs** – please do **not** record DOAs on Total Number of Animals Admitted on this Annual Report form, but they **should** be recorded on your Daily Ledger. You must include your Daily Ledger with your Annual Report. Thank you.

Permit Number: #WR _____ **Permit Expiration Date:** _____

Permit Holder Name			
Facility Name		County in which Facility is located	
Facility Address (Physical)		City	State WA
Facility Address (Mailing)		City	State WA
Home Phone	Facility Contact Phone	Cell Phone	
Personal e-mail Address		Facility e-mail Address	
Principle Veterinarian		Principle Veterinarian Phone Number	

1. Total Number of Mammals Treated: _____
2. Total Number of Birds Treated: _____
3. Total Number of Reptiles and Amphibians Treated: _____
4. Total Number of Animals Admitted **except DOA but include EOA** - _____
5. Total Number of Animals **Released**: _____
6. Number of Animals **Transferred**: _____
7. Number of Animals in your possession held over from last year: _____
8. Threatened or Endangered Species treated: _____

Species	Number	Outcome	# Released

9. Non-releasable animals held in your possession for Education (please continue on a separate sheet if you need more room)

Species	Number in possession	Year acquired

10. Non-releasable animals held in your possession for orphan imprinting or other behavioral rehabilitation (Foster):

Species	Number in possession	Year acquired

11. Changes to your permit:

- The Facility address has changed
- The Facility mailing address has changed
- The Principle Veterinarian has changed

NOTE: Your Annual Report is not valid without the accompanying Daily Ledger for all animals admitted to and treated at your facility during the reporting year.

Permit Holder's Signature

Date

Please send one copy of the completed Annual Report Form and Daily Ledger to:

Patricia Thompson
 WDFW
 16018 Mill Creek Blvd
 Mill Creek WA 98012

Or email
Patricia.thompson@dfw.wa.gov