

**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> <input type="checkbox"/> Restrand</p> <p>Date: Year: _____ Month: _____ Day: _____</p> <p>Location: State: _____ County: _____ City: _____</p> <p>Sex: <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female</p> <p>Was this animal born in rehab?  <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: _____</p> <p>Received From: _____</p> <p>Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> actual <input type="checkbox"/> estimate</p> <p>Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimate</p>																								
<p><b>MEDICAL RECORD</b></p> <p>Pre-Release Health Screen Date:          Year: _____ Month: _____ Day: _____</p> <p>Last Day of Antibiotics: Year: _____ Month: _____ Day: _____</p>	<p><b>SPECIMEN TRACKING</b></p> <p>Samples Collected: <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO</p> <p><input type="checkbox"/> 1. Scientific collection</p> <p><input type="checkbox"/> 2. Education collection</p> <p><input type="checkbox"/> 3. Other: _____</p>																								
<p><b>MORPHOLOGICAL DATA AT DISPOSITION</b></p> <p>Animal Morphological Data at Time of Disposition:</p> <p>Straight Length: _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> actual <input type="checkbox"/> estimate</p> <p>Weight: _____ <input type="checkbox"/> kg <input type="checkbox"/> lb <input type="checkbox"/> actual <input type="checkbox"/> estimate</p> <p>Age Class at Time of Disposition:</p> <p><input type="checkbox"/> 1. Adult <input type="checkbox"/> 2. Subadult <input type="checkbox"/> 3. Yearling <input type="checkbox"/> 4. Pup/Calf <input type="checkbox"/> 5. Unknown</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></p> <p>Year: _____ Month: _____ Day: _____</p> <p>Facility: _____</p> <p>Address: _____</p> <p>Comments: _____</p> <p><input type="checkbox"/> <b>2. Temporarily Transferred to Research Facility</b></p> <p>Year: _____ Month: _____ Day: _____</p> <p>Facility: _____</p> <p>Comments: _____</p> <p>NMFS Permit #: _____</p> <p><input type="checkbox"/> <b>3. Permanently Transferred for Research/Enhancement</b></p> <p>Year: _____ Month: _____ Day: _____</p> <p>Facility: _____</p> <p>Comments: _____</p> <p>NMFS Permit#: _____ NOAA ID #: _____</p> <p><input type="checkbox"/> <b>4. Permanently Transferred for Public Display</b></p> <p>Year: _____ Month: _____ Day: _____</p> <p>Facility: _____</p> <p>Comments: _____</p> <p>NOAA ID #: _____</p> <p><input type="checkbox"/> <b>5. Died</b> <input type="checkbox"/> <b>Euthanized</b></p> <p>Year: _____ Month: _____ Day: _____</p> <p>Location: _____</p> <p>Cause of Death: _____</p> <p>Comments: _____</p> <p><b>NECROPSIED</b> <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Limited <input type="checkbox"/> Complete</p> <p><input type="checkbox"/> Carcass Fresh <input type="checkbox"/> Carcass Frozen/Thawed</p> <p><b>NECROPSIED BY:</b> _____ <b>Date</b> _____</p>	<p><input type="checkbox"/> <b>6. Released</b></p> <p>Year: _____ Month: _____ Day: _____</p> <p>State: _____ County: _____ City: _____</p> <p>Locality Details: _____</p> <p>Latitude (DD): _____ N</p> <p>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</p> <p>Applied during Stranding Response: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Applied During Rehabilitation: <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* (Circle ONE)</th> <th>Applied</th> <th>Present</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>D DF L LF LR RF RR</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 LF LR RF RR</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 LF LR RF RR</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 Body          LF= Left Front; LR= Left Rear; RF= Right Front; RR= Right Rear</p> <p><b>Post Release Biomonitoring</b> <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Data Disposition: _____</p>		ID#	Color	Type	Placement* (Circle ONE)	Applied	Present	_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>
ID#	Color	Type	Placement* (Circle ONE)	Applied	Present																				
_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>																				
_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>																				
_____	_____	_____	D DF L LF LR RF RR	<input type="checkbox"/>	<input type="checkbox"/>																				

