U.S. Fish & Wildlife Service
Migratory Bird Permit Office

REHABILITATION - ANNUAL REPORT

Click here for addresses

ANNUAL REPORT for YEAR ENDING: DECEMBER 31, _____
(Report Due: _____)

PERMITTEE: _____ PERMIT NUMBER: _____

ADDRESS: _____ PHONE NUMBER: _____

_____ E-Mail: _____
City State Zip Code

INSTRUCTIONS: Please provide (type or print) the information requested below for all migratory birds held under your permit during the report year, and return the completed report to the above address by **January 31** of the following year. Use of this form is not mandatory, but the same information must be submitted. A supplemental sheet is available if needed. Filing an annual report is a condition of your permit. Failure to file a timely report could result in suspension of your permit. You must submit a report even if you had no activity during the year. **Please make sure you sign the certification at the end of the form.** (Ref. 50 CFR parts 13 & 21)

DISPOSITION CODES: R=Released; T=Transferred; P=Pending; E=Euthanized; D=Died.

A. BIRDS HELD OVER. Please list individual birds that were held over from the last report year for continued care, and provide the following information. For DISPOSITION, check appropriate column. Also complete section E for all Transfers.

Common Name	Date Acquired	Nature of Injury	Disposition (✔ one)				Date of Disposition
			R	T	E	D	

B. NEW ACQUISITIONS. Please provide a summary of all migratory birds acquired during the report year, categorized by species. The quantity in the **Received** column should equal the sum of the quantities in the **Disposition** column. (For example: Robins: 14 - 10, 0, 1, 2, 1). Also complete sections D and E for Pending and Transferred birds, respectively. All birds, including birds reported in C, D, and E, must be reported here.

Common Name	Total Number Received	Disposition (enter quantity)				
		Released	Transferred	Pending	Euthanized	Died

C. REPORTED INJURIES. Please complete for any individual birds received that were shot, poisoned (confirmed), electrocuted, trapped, or otherwise injured or killed as the result of a potentially criminal activity. (Such injuries should have been reported immediately.) **DISPOSITION CODES:** R=Released; T=Transferred; P=Pending; E=Euthanized; D=Died.

Common Name	Date Acquired	Cause/Nature of Injury	Disposition (✔ one)					Source (County & State)
			R	T	P	E	D	

D. STILL PENDING. Please complete for any individual birds still held as of 12/31 of the report year. Please identify any birds you maintain as foster parents with a circled "F" next to their common name.

Common Name	Date Acquired	Nature of Injury	Proposed Disposition(✔one)		
			R	T	E

E. TRANSFERS. Please complete for individual birds you transferred during the report year (1/1 - 12/31). For **Permit Number or Address**, provide the permit number if applicable; if not applicable, provide address. For **Purpose of Transfer**, use the following codes: **R** = Release; **C** = Continued Care; **Live-E/S** = Live- Education or Scientific Purposes; **Dead-E/S** = Dead-Education or Scientific Purposes.

Common Name	Transferred to (Recipient)			Purpose of Transfer
	Name	Permit Number or Address	Date	

CERTIFICATION

I certify that the above information is true and correct to the best of my knowledge. I understand that any false statement herein may subject me to the criminal penalties of 18 U.S.C. 1001.

Signature: _____ Date: _____

SUPPLEMENTAL SHEET for REHABILITATION ANNUAL REPORT Permit No._____ Report Year _____

B. NEW ACQUISITIONS. Please provide a summary of all migratory birds acquired during the report year, categorized by species. The quantity in the **Received** column should equal the sum quantities in the **Disposition** columns. (For example: Robins: 14 - 10, 0, 1, 2, 1). Also complete sections D and E for Pending and Transferred birds, respectively. All birds, including birds reported in C, D, and E, must be reported here.

Common Name	Total Number Received	Disposition (enter quantity)				
		Released	Transferred	Pending	Euthanized	Died

SUPPLEMENTAL SHEET for REHABILITATION ANNUAL REPORT Permit No._____ Report Year ____

A, C, or D. Use as additional space for completing sections A, C, and D. Please indicate in the left column the letter of the section that corresponds to the information you have provided below.
DISPOSITION CODES: R=Released; T=Transferred; P=Pending; E=Euthanized; D=Died.

	Common Name	Date Acquired	Cause/Nature of Injury	Disposition (✔ one)					(A) Date of Disposition or (B) Source: County&State
				R	T	P	E	D	

E. TRANSFERS. Please complete for individual birds you transferred during the report year (1/1 - 12/31). For **Permit Number or Address**, provide the permit number if applicable; if not applicable, provide address. For **Purpose of Transfer**, use the following codes: **R** = Release; **C** = Continued Care; **Live-E/S** = Live- Education or Scientific Purposes; **Dead-E/S** = Dead - Education or Scientific Purposes.

Common Name	Transferred to (Recipient)			Purpose of Transfer
	Name	Permit Number or Address	Date	