



State of New Jersey
Department of Environmental Protection
Division of Fish and Wildlife

WILDLIFE REHABILITATOR FACILITY INSPECTION REPORT

Inspector/s: _____ Date: _____

BACKGROUND

Permittee Name: _____

Name of Facility: _____

State Rehabilitation Permit # _____ Exp. Date: _____

Federal Rehabilitation Permit # _____ Exp. Date: _____

Other permits: _____

AUTHORIZED SPECIES:

■ *Mammals*

Cottontail Rabbit
Gray Squirrel

Opossum
Striped Skunk

Woodchuck
Raccoon

Bats

■ *Mammals-PDS:*

Beaver
Bobcat - e/t

Coyote
Fox

Otter
Black Bear

White-tailed Deer

■ *Avian*

Passerines
Waterfowl

Raptors
Wading Birds

Sea Birds

E/T: Yes / No

■ *Reptiles*

Turtles

Snakes

E/T: Yes / No

Venomous: Yes / No

If yes, which species:

Copperheads

Rattlesnakes

TYPE OF FACILITY: Home Other - explain: _____

Number of Subpermittees: _____

Number of Apprentices: _____

Number of Volunteers on Site: _____

Are outreach/educational programs conducted:

On site? Yes / No / NA w/live animals? State permit # _____ Exp. Date: _____

Off site: Yes / No / NA Federal permit # _____ Exp. Date: _____

USDA permit # _____ Exp. Date: _____

Comments: _____

Is veterinary care available:

On site? Yes / No / NA Comments: _____

Off site? Yes / No / NA Comments: _____

Name, address and phone # of veterinarian/s providing rehabilitative services:

Do you network or cooperate with other permitted rehabilitators? Yes / No / NA

Comments: _____

Who are the rehabilitators you network with? (use additional sheets if necessary)

How do you know when you have reached your full carrying capacity?

TELEPHONE SERVICES & PUBLIC INFORMATION

Are protocols established to provide assistance in the following areas:

Y N NA Humanely preventing or reducing wildlife problems, conflict situations, and injury; provide advise if species not accepted?

Y N NA Providing strategies and techniques to give opportunities for mother animals to retrieve temporarily displaced young or to re-nest?

- Y N NA Suggesting safe capture, restraint and transport techniques to minimize risk of injury to animals and to humans?
- Y N NA Is there an answering machine or answering service?
- Y N NA Is there a message with instructions regarding injured wildlife and hours of operation?
- Y N NA Are there written records pertaining to each telephone call?
If yes, how long are these records held for: _____

Comments: _____

RECEPTION OR INTAKE AREA

- Y N NA Is the Rehabilitation Permit posted?
- Y N NA Is the reception area neat and presentable?
- Y N NA Are there established procedures for receiving animals? Explain:

- Y N NA Is there educational material available for the public?
Wildlife information
Facility information

Comments: _____

TRAINING & EDUCATION

Are there written policies and/or procedures for staff and volunteers regarding:

- Y N NA Exposure to zoonotic diseases and proper animal handling protocols? Explain:

- Y N NA The use of safety equipment (goggles, gloves, nets, etc)
- Y N NA The use of disposable gloves and masks?
Are they readily available for use?
- Y N NA The first aid kit; and is readily available?
- Y N NA Insurance for staff and/or volunteers?
- Y N NA Are operational policies available to staff members and volunteers (e.g. operations manual or training materials)?
- Y N NA Is continuing education available to staff/permittees?
- Y N NA Methods to update staff and volunteers of new procedures?
- Y N NA Are publications available which describe each species and its natural history?

Comments: _____

SAFETY AND RABIES VECTOR SPECIES

- Y N NA Is there a first aid kit available for staff/volunteers?
Y N NA Is there appropriate disposal for sharps & medical waste?
Y N NA Are material data safety sheets (MSDSs) readily available/easily accessible for those chemicals used at the facility (disinfectants, cleansers, certain drugs, etc.)?
Y N NA Are capture and handling equipment easily accessible and in good working order?
What areas? Indoor Area Outdoor Area
List types of equipment: _____
Y N NA Has permittee received a Rabies pre-exposure vaccination series?
If yes, when was the date of last titer check: _____
Are titers within appropriate range: _____
Y N NA Have staff and/or volunteers had pre-exposure vaccination?
If yes, are titers within appropriate range? _____
Y N NA Are there written procedures if an animal dies and is suspected for possible rabies? Explain:

Y N NA Are there written procedures for staff/volunteers exposed to RVS. Explain:

Comments: _____

RECORDS

- Y N NA Is there a medical record for each animal?
If yes: does each medical record include
Y N NA Date/time received
Y N NA Name, address, phone of person bringing in the animal
Y N NA Location animal was found
Y N NA Names of all those that came in contact with the animal
Y N NA Type of injury or illness
Y N NA Medications/veterinary exams
Y N NA Final disposition or release location and criteria
Y N NA Are records organized and maintained with appropriate information (ie: can the progress of the animal be followed by reviewing the record from intake through release location?)
Y N NA Is there a system to identify each animal to its record and is there a record keeping daily log system? (leg tags, ear tags, cage numbers, etc)
Y N NA Is a computerized database maintained?
Y N NA Are copies of annual reports readily available?
Y N NA How long are records held? _____
(Note: Federal regulations require records to be held for a minimum of 5 years following the end of the calendar year covered by the records.)
Comments: _____

INTAKE/EXAM AREA

- Y N NA Is the area clean?
- Y N NA Is the area quiet?
- Y N NA Is the area set up so animals can be examined safely, securely, and out of public view?
- Y N NA Are first aid supplies available?
- Y N NA Are the appropriate sized scales available?
- Y N NA Are animals awaiting exam/treatment provided a warm, quiet and dark place?
- Y N NA Are facilities arranged or organized to minimize stress on the animals? (i.e., human blinds, predator blinds, etc)
- Y N NA Is the appropriate equipment available (incubators, exam light, stethoscope, etc.)?
- Y N NA Are the sound and activity levels minimized to reduce stress on the animal?
- Y N NA Are the animals marked for identification? Explain: _____

Comments: _____

SURGERY

- Y N NA Available at veterinary clinic/hospital? Name: _____
- Y N NA Available on site? If yes:
- Y N NA Is the area aseptic?
- Y N NA Is there resuscitative equipment available?
- Y N NA Is there a pre-surgical prep area?
- Y N NA Is the surgical equipment in good working order?
- Y N NA Is the anesthetic equipment maintained?
- Y N NA If gas anesthetic is used, is the area well ventilated?

Comments: _____

RADIOLOGY SERVICES

- Y N NA Available at veterinary clinic/hospital? Name: _____
- Y N NA Available on site? If yes:
- Y N NA Does each individual taking radiographs have a dosimetry badge to monitor exposure?
- Y N NA Is the radiation equipment inspected annually (or per state requirements?)

Comments: _____

PHARMACY/MEDICATIONS

- Y N NA Are needed medications on hand?
- Y N NA Are other medications available by prescription or through a sponsoring organization?

- Y N NA If controlled drugs (schedules II, III, IV) are kept on site, are they in a locked, secure location? Who has access: _____
- Y N NA Are antibiotics, parasiticides, vaccines, etc., available either on-site or on a prescription basis? Explain: _____
- Y N NA Are appropriate formularies or protocols available to provide drug dosages?

Comments: _____

PATHOLOGY SERVICES

- Y N NA Can pathology services be provided to wildlife when necessary?
On or offsite? Explain: _____
- Y N NA Hematology (PCV, Diff, Hb, WBC, Clot time, ESR, Serum Chemistries)?
- Y N NA Parasitology?
- Y N NA Microbiology?
- Y N NA Necropsy Services? If done on site:
- Y N NA Are necropsies conducted in a well-ventilated area?
- Y N NA Are appropriate gloves and masks available?

Comments: _____

HOUSEKEEPING & MAINTENANCE

- Y N NA Is there a standard procedure and schedule for cleaning and disinfecting cages, feeding utensils, syringes, food storage containers, and food, water, and bathing bowls?
- Y N NA Are cleaning and disinfecting supplies available and stored properly? Disinfecting agents: _____
- Y N NA Is human protective gear (gloves, masks, goggles) available?
- Y N NA Are instructions on the proper use of disinfectants displayed?
- Y N NA Is there a designated area for storage, cleaning and disinfecting of dirty items?
- Y N NA Is there appropriate drainage for cleaning/disinfecting cages?
- Y N NA Is the cleaning and disinfecting area clean and organized?
- Y N NA Is there a continuing program for repair and upkeep of the facility?

Comments: _____

INDOOR CAGING

List the number, size and type of cages available on site. Use additional sheets if necessary.

Number	Size	Type

- Y N NA Do the cages meet the IWRC Minimum Standards for the species handled?
- Y N NA Are they constructed so that they can be cleaned and disinfected, with appropriate flooring (e.g., stainless steel, fiberglass, sealed wood, coated port-a-pets)?
- Y N NA Can different species be adequately separated (e.g. predator/prey species)?
- Y N NA Are the cages cleaned regularly (as appropriate for the species and cage type)? Explain:

- Y N NA Is the area adequately ventilated and in an appropriate manner?
- Y N NA Is adequate lighting provided (full-spectrum light at the appropriate hours)?
- Y N NA Do cages provide visual barriers or hiding areas for the animal?
- Y N NA Are food and water presented in an appropriate manner for each species?
- Y N NA Are isolation facilities available:
 On-site Veterinary Clinic Elsewhere (explain)
- Y N NA Is the area away from the main flow of human activity?
- Y N NA Are facilities secure to protect wildlife from undue disturbance or harm from humans, wild animals, domestic animal and/or pets?

Comments: _____

OUTDOOR CAGING

Number	Size	Type

- Y N NA Do the cages meet IWRC Minimum Standards for the species being handled?
- Y N NA Are they cleaned and disinfected easily and constructed with appropriate flooring for species housed?
- Y N NA Is there a regular cleaning schedule? Explain: _____
- Y N NA Are they safe to the handlers and animals being held (e.g., no loose or sharp wires or nails, double doors, prevent escapes, etc.)?
- Y N NA Do the cages provide protection from the elements (wind, rain, snow, and excess heat)?
- Y N NA Are they appropriately distanced from cages of incompatible species or individuals?
- Y N NA Do they provide visual barriers (shade cloth, hide boxes, etc.) to minimize stress?
- Y N NA Do they have a double-entry system?
- Y N NA Do they provide appropriate ventilation, sun and shade?
- Y N NA Do all cages have the appropriate perches?
- Y N NA Are cages protected from public contact and access?

Comments: _____

FOOD PREPARATION & STORAGE

- Y N NA Is there a separate storage area for animal food (separate from human food and separate from carcasses)?
- Y N NA Is food labeled and in vermin-proof containers, and are feeding schedules posted with amount, time and animal identification?
- Y N NA Is the area clean, orderly?
- Y N NA Are adequate food stuffs and supplies available?
- Y N NA Are perishable food stuffs dated (open formula)?

Comments: _____

RELEASE

- Y N NA Are written release criteria and protocols available?
- Y N NA Do animals receive a pre-release examination? By staff or vet?
- Y N NA Are soft-release techniques used? Explain: _____
- Y N NA Are hard-release techniques used? Explain: _____
- Y N NA Is live-prey testing done prior to release?
- Y N NA If yes, are written policies/procedures available to staff and volunteers?
- Y N NA Are foster species used? Appropriate permit number: _____
- Y N NA If yes, which species? _____
- Y N NA Are animals marked in any way (banded, tagged, etc.)?
- Y N NA Is post-release monitoring conducted? Explain: _____
- Y N NA Are there pre-release flight conditioning policies and procedures or equipment? (e.g., flight cages, creancing, cooperative work with a falconer)

Explain: _____

Y N NA Are guidelines for suitable release sites available?

Explain: _____

Y N NA Do you work with the wildlife agency personnel on site selection?

Explain: _____

Comments: _____

EUTHANASIA

Y N NA Is there a written policy on who makes the decision to euthanize an animal?

Explain: _____

Y N NA Is there a list of methods of euthanasia used?

Y N NA Are there written protocols guiding which animals should be euthanized?

Comments: _____

CARCASS AND WASTE DISPOSAL

Y N NA Is there appropriate storage for carcasses?

Y N NA Is there a schedule for disposal of carcasses?

Describe: _____

Y N NA Are dead animals disposed of in accordance with applicable ordinances or regulations?

Describe disposal: _____

Comments: _____

DRAW AN OVERHEAD MAP OF THE FACILITY

(Include roads, buildings, access to buildings, fences/blinds, location of various species, etc.)
Attach all photographs taken during inspection.

SPECIES INFORMATION

SPECIES: _____ AMOUNT: _____

LOCATION: INDOOR / OUTDOOR

NUMBER OF STRUCTURES: _____

STRUCTURAL DIMENSIONS: _____

STRUCTURE MATERIALS: STEEL / WOODEN / PLASTIC / CHAIN LINK / WIRE / MESH

CAGING MATERIALS: SOLID METAL SIDES / WOODEN SIDES / PLASTIC SIDES
GRIDS METAL / WIRE / MESH / PLASTIC / SIZE:

FLOORING: DIRT / SAND/ QUARRY DUST / GRASS / BLANKETS /
OVER CHAIN LINK / WIRE

# Cages	Species	Dimensions	Top	Sides	Bottom	On/Off ground

FOOD / WATER YES / NO / NA
DOUBLE DOORS: YES / NO / NA
DOUBLE FENSING YES / NO / NA
PERCHES YES / NO / NA
LOGS YES / NO / NA
BLINDS FROM HUMANS YES / NO / NA
BLINDS FROM ANIMALS YES / NO / NA
TOYS YES / NO / NA
BLANKETS YES / NO / NA

Comments:

ADDITIONAL COMMENTS: _____

INSPECTOR(S): _____ **DATE:** _____
Signature

Signature **DATE:** _____

MENTOR: _____
Name

INVITED TO ATTEND INSPECTION: YES NO
ATTENDED INSPECTION: YES NO

PERMITTEE: I, _____, **ACKNOWLEDGE I HAVE**
Name
REVIEWED THIS INSPECTION REPORT.

Signature **DATE:** _____