



# Wildlife Rehabilitation Facility Checklist

**PLEASE PRINT:**

Inspection Date \_\_\_\_\_ Inspecting Officer \_\_\_\_\_

Name of Rehabilitator \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Facility Location \_\_\_\_\_

**Check one:**     Wildlife Rehabilitator         Provisional Rehabilitator

Sponsor's Name (if applicable) \_\_\_\_\_

**Reason for Inspection (check all that apply):**

- \_\_\_ Initial inspection
- \_\_\_ Changed facilities
- \_\_\_ Moved to new location
- \_\_\_ New regulation
- \_\_\_ Addition of new species to license
- \_\_\_ Periodic inspection
- \_\_\_ Reinspection after notice of inadequate facilities
- \_\_\_ Upgrade inspection
- \_\_\_ Other:

**Please indicate the species to be rehabilitated. Please list specific species as needed:**

\_\_\_ Small mammals (e.g., squirrels, rabbits) \_\_\_\_\_

\_\_\_ Mid-sized mammals (e.g., raccoons, fox) \_\_\_\_\_

\_\_\_ Large mammals (e.g., deer, bear) \_\_\_\_\_

\_\_\_ Passerines (e.g., songbirds) \_\_\_\_\_

\_\_\_ Waterfowl, sea or shore \_\_\_\_\_

\_\_\_ Raptors \_\_\_\_\_

\_\_\_ Bats \_\_\_\_\_

\_\_\_ Herptiles \_\_\_\_\_



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Name of Rehabilitator \_\_\_\_\_ Inspection Date \_\_\_\_\_ Pg. 2

**Regulations No. 1404 A-B**

**YES          NO          REQUIREMENT          PLEASE DESCRIBE UNDER EACH REQUIREMENT**

YES	NO	REQUIREMENT	PLEASE DESCRIBE UNDER EACH REQUIREMENT
_____	_____	1. Facilities and outdoor cages are locked	(attach extra pages as needed )
_____	_____	2. Facilities ensure containment for wildlife under rehabilitation and exclude other licensed wildlife and domestic animals	
_____	_____	3. Separation between wildlife held under other licenses and wildlife in rehabilitation at all times (unless otherwise approved by the CPW)	
_____	_____	4. Sufficient space to allow normal development and physical behavior, as well as postural and social adjustment with freedom of movement	
_____	_____	5. Proper lighting levels	
_____	_____	6. Proper ventilation	
_____	_____	7. Ability to conduct cleaning, sanitation, disinfecting and handling procedures considering safety, escape prevention and while minimizing stress to wildlife	
_____	_____	8. A means to gradually acclimate wildlife to external environmental conditions	
_____	_____	9. Appropriate ambient temperatures	
_____	_____	10. Barriers to minimize stress	
_____	_____	11. Specific enclosures for all developmental stages of wildlife on the license	
_____	_____	12. Enclosures for recuperation from injuries	
_____	_____	13. Quarantine capabilities	
_____	_____	14. Parasite and pest control	
_____	_____	15. Shelter within enclosure as needed	
_____	_____	16. Clean water and appropriate food	
_____	_____	17. Nesting and/or bedding material	
_____	_____	18. Facilities are clean and sanitary	



# Wildlife Rehabilitation Facility Checklist

Name of Rehabilitator \_\_\_\_\_ Inspection Date \_\_\_\_\_ Pg. 3

**FACILITIES:** \_\_\_ Approved      \_\_\_ Disapproved

Inspecting Officer \_\_\_\_\_  
(print name)

Inspecting Officer \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

Sponsor (for provisional applicants) \_\_\_\_\_  
(print name)

Sponsor \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

**Comments and/or reason for approval/disapproval:**