



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

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
_____	_____		(attach extra pages as needed)
_____	_____	1. Facilities and outdoor cages are locked	
_____	_____	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 CDOW)	
_____	_____	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: