

State of California – Department of Fish Wildlife CERTIFICATION OF ANIMAL CONDITION (NON-RELEASABILITY) DFW 484A (REV. 01/01/24) Page 1 of 2

The Department of Fish and Wildlife (Department) recognizes that certain animals cannot be returned to the wild. However, the Department shall consider a formal request for permanent placement of a non-releasable animal in a captive setting. Any party temporarily possessing an animal believed to be non-releasable shall notify the Department within 5 business days of the initial determination. The Department shall require a complete record of the animal from the requesting party to evaluate potential placement into an appropriately permitted facility pursuant to Section 671.1. Animals must be evaluated by a licensed veterinarian, the Department, or their designee who shall complete all sections of this form and submit to the Department via email at <u>RehabWildlife@wildlife.ca.gov</u> within 30 days of the initial notification pursuant to Section 679.5(b)(4). Final placement of any animal shall occur at the discretion of the Department.

□ Animal Seized by the Department / Law Enforcement

□ Animal Temporarily Possessed under a Wildlife Rehabilitation Permit

| 1. REQUESTING PARTY | | | | | | | | | | | | |
|---|---|--|--|-------------------------------|---------------|-----|---------|--------------------|--|--|--|--|
| Name (Last, First) | | | | | CDFW Permit # | | | | | | | |
| | | | | | | | | | | | | |
| Mailing Address: | | | | City | | | State | Zip | | | | |
| Primary Phone Secor | | | | ary Phone | | | Email | | | | | |
| Secon Secon | | | | | | | | | | | | |
| Facility Address (physical): | | | | Facility Name (if applicable) | | | | | | | | |
| | | | | | | | | | | | | |
| 2. ANIMAL INFORMATION | | | | | | | | | | | | |
| Species: | | | | WRMD ID: | | | Micro | Microchip/Tag: | | | | |
| Age/Age Class: Sex: | | | | Intake Date: | | | Initial | Initial Exam Date: | | | | |
| | | | | | | | | | | | | |
| Facility Name (if applicable) | | | | | | | Initial | Initial Examiner: | | | | |
| Physical Address: | | | | State Zip Phone: | | e: | | | | | | |
| • | | | | | | I I | _ | - | | | | |
| 3. ANIMAL CONDITION (mark all that apply) | | | | | | | | | | | | |
| | 1. Permanent visual impairment (e.g., blindness in one or both eyes, reduced vision). | | | | | | | | | | | |
| | 2. Inability to walk, perch or fly | | | | | | | | | | | |
| | 3. Amputated leg, foot, digit, tail, or wing (at or above humero-ulnar joint) | | | | | | | | | | | |
| | 4. Unable to perform natural behaviors (e.g., forage, hunt, climb, dig) | | | | | | | | | | | |
| | 5. Permanent damage to skin, scales/scute, fur, or feathers | | | | | | | | | | | |
| | 6. Permanent severe and/or chronic pain (e.g., joint injury/arthritis) | | | | | | | | | | | |
| | 7. Neurologic issues (e.g., seizures) | | | | | | | | | | | |
| | 8. Habituated, human imprinted, or food conditioned | | | | | | | | | | | |
| | 9. Known or suspected to have any disease (reference 679 rehabilitation manual) | | | | | | | | | | | |
| | 10. Spinal injury causing paralysis (euthanasia required) | | | | | | | | | | | |
| | 11. Unable to eat, drink, urinate, defecate, and/or ambulate on its own (euthanasia required) 12. Other | | | | | | | | | | | |
| 4. ANIMAL | TEMPERMENT (mark all that apply) | | | | | | | | | | | |
| | Human handling causes little behavioral stress to the animal (Potential Educational Animal) | | | | | | | | | | | |
| | Human handling causes behavioral stress to the animal (Potential Ambassador Animal, static | | | | | | | | | | | |
| | display) | | | | | | | | | | | |
| | Capable of providing species appropriate behavior and/or care for neonate or juvenile | | | | | | | | | | | |
| | conspecific in a captive setting (Potential Surrogate) | | | | | | | | | | | |



Briefly describe how animal temperament was determined (behavioral evaluation):

| 5. ANIMAL WELFARE REQUIREMENTS (mark all that apply) | | | | | | | | | | | | |
|--|---|-----------|-------|-----------|-------|-----|--|--|--|--|--|--|
| | Requires Medication (temporary) | | | | | | | | | | | |
| | Requires Medication (lifelong) | | | | | | | | | | | |
| | Requires Medical Treatment (temporary) | | | | | | | | | | | |
| | Requires Medical Treatment (lifelong) | | | | | | | | | | | |
| | Requires Limited/Restricted Activity | | | | | | | | | | | |
| | Requires Special Diet Or Modified Feeding | | | | | | | | | | | |
| | Must Be Housed With Other Animals | | | | | | | | | | | |
| | Must Be Housed Alone | | | | | | | | | | | |
| | Other (please describe) | | | | | | | | | | | |
| 6. LICENSED VETERINARIAN | | | | | | | | | | | | |
| Name | | License # | | Exam Date | | | | | | | | |
| | | | | | | | | | | | | |
| Employers Address | | City | | | State | Zip | | | | | | |
| | | | | | | | | | | | | |
| Phone: | | E | Email | | | | | | | | | |
| | | | | | | | | | | | | |

ACKNOWLEDGEMENT AND SIGNATURE

I understand that any information provided to CDFW in this form and any additional information provided to CDFW related to this request will be subject to the Public Records Act and may be publicly available. I certify that the animal above has been physically examined, determined to not be suitable for release to the wild, and has been assessed as a candidate for captive placement.

I understand that I cannot hold the State of California liable for any harm or damage to any person or property in connection with any activities performed related to this request. I certify that I agree to be responsible for any costs incurred for any activities performed related to this request. I understand that wildlife remains the property of the State and is subject to control by the State. I affirm and attest under penalty of perjury that the information provided in this request and any additional information that may be provided to CDFW related to this request is true and accurate to the best of my knowledge."

CDFW reserves the right to verify the undersigned claims. Should this verification reveal intentional falsehood by the claimant, the undersigned may be legally obligated to compensate the State for costs associated with verification.

With accordance to <u>California Civil Code §1633.5(b)</u>, I acknowledge that by providing my electronic signature for this form, I agree that my electronic signature is legal binding equivalent to a handwriting signature. I hereby confirm that my electronic signature represents my execution or authentication of this form, and my intent to be bound by it.

A Requesting Party:

Signature
Print Name

Date