SAVE PRINT CLEAR

State of California – Department of Fish Wildlife
WILDLIFE REHABILITATION ANNUAL REPORT
DFW 486 (NEW 08/01/25) Page **1 of 5**

Calendar Year: 20_____ (Reporting Period)

A permittee or their designee must submit an annual report, even if no rehabilitation animals were temporarily possessed, for the prior calendar year pursuant to Section 679.4(a), Title 14, California Code of Regulations. Wildlife Rehabilitation Medical Database (WRMD) and/or other documentation may be included with this form. Annual report is due no later than January 31.

☐ **DFW 486 Only - Complete All Sections** ☐ **DFW 486 with WRMD Annual Report – Complete Sections 1-2, 7**

TYPE OR PRINT CLEARLY. ATTACH ADDITIONAL PAGES IF NEEDED.

SECTION 1. Applicant Information

First Name	M.I.	Last Name	Date of Birth	GO ID #

Mailing Address	City	State	Zip Code

Primary Telephone	Secondary Telephone	Email Address

Facility Name	County

Physical Address	City	Zip Code

Facility Telephone	Facility Email Address	Facility Website

SECTION 2. Summary of Patient Outcomes

List of patient outcomes, by animal type, categorized as: (R) Released to the Wild; (T) Transferred to Other Facility; (E) Euthanized; (D) Died in Care; (DOA) Dead on Arrival; (RU) Reunited with Parent; (RIC) Remains in Care (after December 31). The "Total" for each animal type must equal the sum of patient outcomes by category.

Animal Type	R	T	E	D	DOA	RU	RIC	Total
Amphibians								
Reptiles								
Birds								
Mammals								
Specialty Rehabilitation Large Carnivore								
Specialty Rehabilitation Ungulate								
Specialty Rehabilitation Eagle, Falcon								
Specialty Rehabilitation Venomous Snake								

SECTION 3. Wild Animal Intakes

List all wild animal intakes by species or common name, patient outcome, and total number of animals received by species.

3A. Amphibians / Reptiles

Species or Common Name	R	T	E	D	DOA	RU	RIC	Total

3B. Birds

Species or Common Name	R	T	E	D	DOA	RU	RIC	Total

3B. Birds

Species or Common Name	R	T	E	D	DOA	RU	RIC	Total

3C. Mammals

Species or Common Name	R	T	E	D	DOA	RU	RIC	Total

3D. Prior Reporting Period (RIC)
List all rehabilitation animals reported on the prior annual report as “Remain in Care” (RIC) for the end of that reporting period. Write “N/A” if not applicable. EXAMPLE: Ten brown pelicans remained in care from July 2023 to March 2024, then released to the wild. List as (RIC) “Remain in Care” on the 2023 annual report and (R) “Released to the Wild” on the 2024 annual report.

Species or Common Name	R	T	E	D	DOA	RU	RIC	Total

3D. Prior Reporting Period (RIC)

Species or Common Name	R	T	E	D	DOA	RU	RIC	Total

SECTION 4. Rehabilitation Raptor Transfers to Licensed Falconer
List all rehabilitation raptors temporarily transferred to a California licensed falconer pursuant to subsection 679.5(b)(4).

Animal ID	Species or Common Name	Transfer Date	Falconry License #	Current Physical Address

SECTION 5. Continuing Education
Brief description of the continuing education hours completed by all persons required under the permit and designated as: Permittee (P); Sub-permittee (SP); Designee (D); Authorized person (AP); Qualified handler (QH)

Full Name	Designation	Training Title(s) / Brief Description	Total Hours

SECTION 6. Non-Releasable Wildlife
List non-releasable wildlife possessed pursuant to these regulations or list Section 671 Restricted Species Permit: #_____

Animal ID	Species or Common Name	Date Acquired	Sex / Age	Current Physical Address

SECTION 7. Acknowledgement and Signature

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

☐ I affirm and attest under penalty of perjury that the information provided in this application and any additional information that may be provided to the Department related to this application is true and accurate to the best of my knowledge. I understand that any false statement herein may subject me to cancellation of the application, suspension or revocation of my permit, and/or administrative, civil, or criminal penalties.

Permittee/Designee Signature:	Print Name:	Date:

SUPPLEMENTAL PAGE. TYPE OR PRINT CLEARLY.

SECTION 3. Wild Animal Intakes
List all wild animal intakes by species or common name, patient outcome, and total number of animals received by species.

Species or Common Name	R	T	E	D	DOA	RU	RIC	Total

SUPPLEMENTAL PAGE. TYPE OR PRINT CLEARLY.

SECTION 5. Continuing Education
Brief description of training and continuing education hours completed by all persons required under the permit.
List Designation: Permittee (P); Sub-permittee (SP); Designee (D); Authorized person (AP); Qualified handler (QH)

Full Name	**Designation**	**Training Title(s) / Brief Description**	**Total Hours**