

## Wildlife Rehabilitation Facility Inspection Report

DATE: \_\_\_\_\_

### Reason for Inspection:

- Initial inspection       Renewal Inspection       New Species Authorization   
Regulations Change       Facility Changes       New Location   
Re-inspection of Inadequate Facilities       Grant Inspection

### Species Groups housed at facility: Please check all that apply

- All species       Small Mammals       Medium Mammals       Large Carnivores   
Artiodactyls       Raptors  **Check Federal Permit**      Other Avian Species       **Check Federal Permit**  
Reptiles/Amphibians       Marine mammals  **Check Federal Permit**      Bats

### Applicant or Licensee Information

Applicant or Licensee Name \_\_\_\_\_

Facility Name \_\_\_\_\_

Postal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Please check:

Home based, individual       Separate Facility (Not home-based)       Veterinarian INITIAL CARE ONLY

Name and address of Principal Veterinarian: \_\_\_\_\_

Yes No

Are there off-site **sub-permitee or volunteer** \* wildlife housing or rehab facilities?

With which licensed Washington Wildlife Rehabilitators do you network? \_\_\_\_\_

Do you share facilities with any other licensed Washington Wildlife Rehabilitator?

### With whom do you share facilities?

Name \_\_\_\_\_

Facility Name and Permit # \_\_\_\_\_

Are public education and outreach activities conducted at this site?

Are public education and outreach activities conducted off site?

Are public education materials available at the facility?

Yes No

Does the facility have program and/or education animals?

What program and education animals are possessed at this facility? \_\_\_\_\_

Scientific Collection (Education) Permit Number (please have available) \_\_\_\_\_

NOT SCORED

### 1. Volunteer/Staff Education and Management

NA if no volunteers or staff is employed

NA Yes No

Is there a Volunteer Application and selection process?

Is **continuing education** provided for volunteers and employees?

Are there current reference materials such as books, professional journals, etc. pertaining to wildlife medicine, rehabilitation, behavior, physiology, ecology, and biology on site?

SCORE.1.3

### 2. Intake

Yes No

Is there a separate room or area for initial intake?

Are there established procedures and admission forms for intake?

Are the animals examined out of public view in another room?

Are first aid supplies readily accessible?

Are animals awaiting treatment placed in a comfortable, quiet and dark place?

Are there procedures established for caring for overflow animals or those needing emergency or all night care?

SCORE.2.6

### 3. General Operations

NA Yes No

#### Protocols

Is there written **protocol for sub-permittee** management – when do they take animals, etc.?

Are there appropriate **carcass** storage and disposal protocols?

Are there written protocols and policy guiding euthanasia of animals?

Is there a written policy on who makes the decision to **euthanize**?

Are there written **release** criteria and protocols?

Does the facility have procedures and protocols for **non-releasable** wildlife?

Are protocols all in one place?    
NA Yes No

### Operations

Is there a daily ledger recording animals brought to the facility?

Are medical records easily accessible for each animal?

Is there a system to match the animal to its records (numbers, ear tags, etc)?

Are rehabilitation facilities separate from living quarters and non-rehabilitation activities?

Is wildlife contact with public, domestic animals and farm animals prohibited?

Has the facility provided regular Annual Reports and are they available for review on site?

### Safety

Are there working fire alarms?

Are there current fire extinguishers?

Are eating, drinking, and smoking restricted to designated areas?

Does facility offer personal safety training to volunteers and staff?

Does facility require pre-exposure vaccinations for those working with risk species?

Are cages, enclosures, exercise areas, exam rooms, work rooms, equipment, food, water, and waste receptacles sanitized between each use and occupation?

Are disposable gloves readily available and accessible?

SCORE.3.20

## 4. Release of Wildlife

NA Yes No

Do animals receive a pre-release examination?

Is pre-release conditioning done according to species requirements?

Are live-prey tests done prior to release?

Does facility have designated release sites into appropriate habitat?

Does the facility work with the Washington Dept. of Fish and Wildlife to find appropriate release sites?

SCORE.4.5

## 5. Enclosures and Construction

NA Yes No

Are enclosures structurally sound, strong, and in good repair?

Do enclosures meet min. **cage dimensions** for all **species groups housed** at facility (see checked spp)?

Do enclosures meet min. **cage dimensions** for all **treatment stages**? (initial, recovery, pre-release)?

Do all outdoor enclosures have **double-entry** systems?

Are enclosures and cages **locked** and secured when unattended?

Are enclosures and cages free of **hazards** (sharp objects, toxic substances, etc.)?

Are **visual barriers** provided between enclosures and cages?

Are there adequate measures for preventing wildlife contact with caregivers to prevent **habituation and imprinting**?

Are same-species animals housed or raised with other wild individuals of that species to facilitate proper species orientation?

Are different species adequately separated including considerations for predator/prey distance and interactions (sight, odor, hearing)?

Are outdoor enclosures **predator-proof**?

Are enclosures and cages constructed for **easy cleaning** and disinfecting with appropriate flooring stainless steel, fiberglass, sealed wood, coated port-a-pets)?

Is there a regular written and verified **cleaning schedule**?

SCORE.5.13

## 6. Environmental Conditions

NA Yes No

Are indoor ambient **temperatures** appropriately regulated?

Is there adequate **ventilation**?

Is there adequate **lighting and light/dark** schedules to provide appropriate photo period?

Is there adequate **protection** from the elements (shade, boxes, dens, weatherproofing)?

Is there adequate **water drainage** from outside enclosures?

Is appropriate **acclimatization** provided before introducing animal to outside weather?

Are **species-specific items** and equipment provided (perches, dens, pools)?

Are **enrichment** items provided?

Are pond edges gradually sloping?

SCORE.6.9

## 7. Food & Water

NA Yes No

Is food **labeled** and in pest-proof containers?

Is food stored safely to prevent pre-mature **spoilage**?

Are perishable foods **dated clearly showing a discard date**?

Does the facility have a posted feeding **schedule** identifying animals and times?

Is there a **separate area** for food preparation?

Is food presented in appropriate manner for the species and to minimize or **avoid human contact**?

Are food and water dishes clean, sanitary, appropriately sized and not easily tipped?

Is there a regular watering schedule?

Is water fresh, uncontaminated, ice-free and available at all times (unless restricted)?

Is species-appropriate bathing or swimming water provided?

SCORE.7.10

## 8. Sanitation

NA Yes No

Is removal of food waste, feces, carcasses, trash, and debris from enclosures and cages performed as often as necessary?

Are facilities, equipment and food dishes appropriately sanitized?

Are cleaning and disinfecting supplies clearly and properly labeled?

Are appropriate disinfectants used?

Are there designated areas and receptacles for soiled, contaminated, and used items?

Are there foot baths at the entry of each animal care room and are those foot baths changed appropriately?

SCORE.8.5

## 9. Veterinary Care

NA Yes No

Are surgical services available at veterinary hospital?

Are radiological services available at veterinary hospital?

If **surgical** services available on-site.

Is the area aseptic?

Is resuscitative equipment available?

Is surgical equipment in good working order?

Is anesthesia equipment maintained on a regular schedule and verified?

Are isolation areas available for wildlife suspected of having an infectious and/or zoonotic disease?

If **radiological** services available on-site.

Are individuals taking radiographs trained and have a record of training?

Does each individual taking radiographs have a dosimetry badge?

Is the radiation equipment inspected per state regulations (once every three years)?

Are pathology services utilized?

Are permitted medications (including OTC) on-site, labeled and checked regularly for expiration date?

Are **prescription drugs** readily available from Principal Veterinarian?

If **controlled drugs** are kept on site, are they in a locked, secure location with a log at that location according to state and federal regulations?

Are controlled drugs disposed of properly and according to regulation, and a record kept?

SCORE.9.14  
(7)

**Comments**

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TOTAL QUESTIONS minus NA'S  SCORE  PERCENT OF TOTAL

### INSPECTION STATEMENT

Check Applicable Box:

Facilities Approved  Re-inspection Needed For Approval

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Inspectors Name Affiliation

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Inspector's *Signature* Date

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Inspectors Name Affiliation

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Inspector's *Signature* Date

Inspection criteria are based on the *Minimum Standards for Wildlife Rehabilitation* 3<sup>rd</sup> Edition (2000 International Wildlife Rehabilitation Council & National Wildlife Rehabilitators Association) and the Washington Department of Fish and Wildlife *Wildlife Rehabilitation Facility and Care Standards* (1996).

**\*Sub-permitee: may have an off-site facility at which wildlife is housed for rehabilitation, or a volunteer with a sub-permit who takes critical, emergency, or young animals home.  
Volunteer off-site care: a volunteer who may take rehabilitation animals home for emergency, overflow, or critical care.**