



# WILDLIFE REHABILITATION FACILITIES INSPECTION

Form 2

Kansas Department of Wildlife and Parks  
Wildlife Division  
512 SE 25<sup>th</sup> Ave  
Pratt, KS 67124  
620-672-5911

## Primary Permittee Facility

## Subpermittee Facility

\_\_\_\_\_  
Name of Primary Permittee

\_\_\_\_\_  
Name of Subpermittee

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

\_\_\_\_\_  
Facility Address (Location)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

YES      NO

### 1. FACILITY PRODECURES

- A. Is there a standard procedure and schedule for cleaning and disinfecting cages and food storage bowls?
- B. Are dead animals disposed of in accordance with applicable ordinances and Regulations?
- C. Are facilities organized so as to minimize human contact and prevent bonding or imprinting to humans?
- D. Is all public viewing, display or exhibition prohibited?

### 2. RECORDS

- A. Is there a medical record for each animal that has a medical problem?
- B. Do animals without medical problems have records (i.e., orphaned young)?
- C. Are the records legible?
- D. Are the records adequately completed (i.e., can the progress of the animal be followed by reviewing the record)?
- E. Is there a system to identify each animal to its record?

### 3. CARE AND HOLDING FACILITIES

- A. Is the area clean?
- B. Is the area set up so that animals can be examined safely?
- C. Are animals awaiting exam/treatment provided a warm, quiet and dark place?
- D. Are facilities arranged and/or constructed to minimize stress on the animals?
- E. Are the sound and activity levels minimized to reduce stress on the animal?
- F. Are adequate fresh water and food available?
- G. Is caging appropriate for the species handled? (Are they constructed so that they can be cleaned and disinfected e.g., stainless steel, fiberglass, sealed wood, coated port a pets)
- H. Is the area adequately ventilated in an appropriate manner?
- I. Is there adequate lighting? (full spectrum light at the appropriate hours)

**YES**      **NO**

- J. Is the area away from the main flow of human activity?
- K. Is access to the area by domestic pets restricted?
- L. Is there a designated area for storage, cleaning and disinfecting dirty items?
- M. Is there a designated area for storage of clean and disinfected items?

4. **EQUIPMENT**

- A. Are first aid supplies available?
- B. Are capture and handling equipment easily accessible and in good working order?
- C. Are there scales available to weigh animals as part of intake and assessment?
- D. Is human protective gear available ? (gloves, masks, goggles, etc.)

5. **FOOD PREPARATION AND STORAGE**

- A. Is the area clean and orderly?
- B. Are adequate foodstuffs and supplies available?
- C. Are foodstuffs (chicks, rats, fish) stored separately from dead (rehabilitation) animals?

6. **ISOLATION FACILITIES**

- A. Available on-site
- B. Available at a cooperating veterinary facility

7. **INTENSIVE CARE FACILITIES**

- A. Available on-site
- B. Available at a cooperating veterinary facility

8. **SURGERY FACILITIES**

- A. Available on-site
- B. Available at a cooperating veterinary facility

9. **RADIOLOGICAL FACILITIES**

- A. Available on-site
- B. Available at a cooperating veterinary facility

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*I have inspected this facility and find it adequate for the holding and rehabilitation of sick, injured, or orphaned wildlife.*

\_\_\_\_\_  
Inspecting Officer Name (Print)

\_\_\_\_\_  
Inspecting Officer Signature

\_\_\_\_\_  
Date