



GOLD COUNTRY WILDLIFE RESCUE IN-HOME FACILITY INSPECTION FORM

Rehabber Information

Name: _____

Address: _____

Reason for Inspection

New/Annual Inspection Re-Inspection Inadequate Facility Additional Species New Equipment

Operating Standards

1. Does Rehabber have appropriate training for species involved?
2. Are Rehabilitation activities separate for human living quarters and activities?
3. Is wildlife kept separate from domestic animals or farm raised animals?
4. Are compatible species housed together or with same species whenever possible?

Enclosure Standards

5. Are enclosures structurally sound, and of sufficient strength for species and maintained to prevent injury?
6. Are enclosures secure when unattended?
7. Are Isolation Facilities available?
8. Do enclosures restrict view of humans and/or other species?
9. Are outdoor enclosures predator-proof?
10. Are enclosures including transport cages clean and in good repair?
11. Does wildlife appear well cared for and not suffering from facility related injuries?
12. Are recovery/temporary confinement cages appropriately sized for species?
13. Is the ambient temperatures sufficiently regulated?
14. Is there adequate ventilation (windows, fans, air conditioning)?
15. Is there adequate lighting (artificial or natural)?
16. Is there adequate shade, as well as weatherproof shelter, nest boxes/dens/perches for protection?
17. Is wildlife gradually acclimated before being exposed to extreme outdoor conditions?

Food, Water and Sanitation

18. Is food appropriate for species, are feeding schedules adequate?
19. Are feeding dishes clean, safe, appropriately sized and easily accessible?
20. Are food items adequately dated, stored and in sealed containers?
21. Is drinking Water fresh, uncontaminated and available at all times? Water for Bathing if necessary?
22. Are water receptacles sanitary, safe, and appropriately sized easily accessible and not easily tipped?
23. Is removal and disposal of food waste, feces, bedding, carcasses, trash and other debris from the cage as often as necessary?
24. Are cages, rooms, hard surface pens, kennels, runs, and equipment, food and water dishes appropriately sanitized using 10% Bleach Solution or *Chlorhexidine* between each wildlife use?
25. Is wildlife protected from contact with cleaning activities and chemicals?
26. Are protocols regarding disease prevention and transmission, pest control, pharmaceutical use, euthanasia, carcass and biological waste disposal being followed?

Pharmacy

- 27. Is the Area Clean and Organized?
- 28. Are needed medications on hand? Adequate supplies?
- 29. First Aid Supplies on hand?

Recordkeeping

- 30. Does rehabber keep adequate records that track history and progress of each animal?
- 31. Is a system in place that identifies each animal with its specific health record?

Release of Wildlife

- 32. Does rehabber have release sites with proper habitats for species involved?
- 33. Are there alternative release sites available if a site becomes saturated?
- 34. Does rehabber have a protocol for disposition of a non-releasable animal?

Inspection

- Re-Inspection Confirmation No Follow-Up Required

Inspectors Signature _____ Date _____

Rehabbers Signature _____ Date _____

Inspectors Signature _____ Date _____

Rehabbers Signature _____ Date _____

Inspectors Signature _____ Date _____

Rehabbers Signature _____ Date _____

Inspectors Comments