



Fawn Rehabilitation Facility Inspection Form



Applicant Name: _____ Date of Inspection: _____

Physical Address (Facility): _____

City, State, Zip: _____ County: _____

Permit Type: Primary Rehabber Secondary Rehabber

Part I - Outdoor Enclosure (Primary or Secondary Rehabber)

Yes No

A. Primary Rehabber

- 1. Minimum pen size 10x20ft (LxW) _____ Yes No
Actual pen size(s): _____
- 2. Location is suitable for releasing fawns on-site _____ Yes No
If not, applicant has an acceptable location for hard release _____ Yes No
Property owner contacted and consent obtained _____ Yes No
Name of property owner: _____
Physical location/address: _____
- 3. Isolated from pets, humans, livestock, etc (visually and audibly) _____ Yes No
- 4. Fence at least 6ft high _____ Yes No
- 5. Visual barrier at least 4ft in height around inside of fence _____ Yes No
- 6. Fence/gate secured to prevent unwanted ingress _____ Yes No
- 7. Fence is dog-proof _____ Yes No
- 8. Fence made of woven/welded wire (max. 10in² mesh, min. 12.5 gauge) or wooden panels (max. spacing 3in) _____ Yes No
- 9. Located on a well drained site _____ Yes No
- 10. Natural or manmade shelter provided for shade _____ Yes No
- 11. Sharp objects absent from facility (inside pen, fence, walls, etc) _____ Yes No
- 12. Covered grain feeder _____ Yes No
- 13. Water container and clean water supply _____ Yes No
- 14. Grass or other natural ground cover in pen _____ Yes No
- 15. Some natural/bare soil available _____ Yes No
- 16. Brush pile or other natural hiding places provided _____ Yes No

B. Secondary Rehabber

- 1. Minimum pen size 10x10ft (LxW) _____ Yes No
Actual pen size(s): _____
- 2. Location is suitable for temporarily holding fawns _____ Yes No
- 3. Applicant has at least 1 primary rehabber nearby _____ Yes No
Name of primary rehabber(s): _____
- 4. Isolated from pets, humans, livestock, etc (visually and audibly) _____ Yes No
- 5. Fence at least 6ft high _____ Yes No
- 6. Visual barrier at least 4ft in height around inside of fence _____ Yes No
- 7. Fence/gate secured to prevent unwanted ingress _____ Yes No
- 8. Fence is dog-proof _____ Yes No
- 9. Fence made of woven/welded wire (max. 10in² mesh, min. 12.5 gauge) or wooden panels (max. spacing 3in) _____ Yes No
- 10. Located on a well drained site _____ Yes No
- 11. Natural or manmade shelter provided for shade _____ Yes No
- 12. Sharp objects absent from facility (inside pen, fence, walls, etc) _____ Yes No

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|--------------------------|
| 13. Covered grain feeder..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Water container and clean water supply..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Grass or other natural ground cover in pen..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Some natural/bare soil available..... | <input type="checkbox"/> | <input type="checkbox"/> |

Part II - Triage/Quarantine Area (Primary and Secondary Rehabbers)

- | | | |
|---|--------------------------|--------------------------|
| 1. Minimum holding crate size 3x3x2ft (LxWxH)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Actual crate size(s): _____ | | |
| 2. Minimum transport crate size 3x3x2ft (LxWxH)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Actual crate size(s): _____ | | |
| 3. Temperature/light regulated area available..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Isolated from pets, humans, livestock, etc (visually and audibly)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Visual barrier around entire area..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Entrance to area is secured to prevent unwanted ingress..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Area has a roof/cover and is dog-proof..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Area can be easily cleaned and disinfected..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Water container and clean water supply available..... | <input type="checkbox"/> | <input type="checkbox"/> |

Part III - Certification

Any approval listed below, provisional or otherwise, indicates only that the applicant has met the minimum facility requirements, and does not necessarily indicate that a Fawn Rehabilitation Permit will be issued to the applicant.

- Approved** - Outdoor enclosure and triage/quarantine area meet minimum requirements.
- Provisional Approval** - Except as noted below, outdoor enclosure and triage/quarantine area meet minimum requirements. Applicant agrees to correct all deficiencies within 30 days of this inspection and understands that their fawn rehabilitation permit, if issued, may be revoked if the deficiencies are not corrected.

Deficiencies: _____

- Not approved** - Outdoor enclosure and triage/quarantine area fail to meet minimum requirements.

Applicant:

I agree to correct deficiencies, if any, within 30 days of this inspection and to maintain the outdoor enclosure and triage/quarantine area for fawn rehabilitation at or above the minimum standards.

Signature: _____

Certifying Official:

Name: _____

Agency: North Carolina Wildlife Resources Commission

Signature: _____

<p>Additional Items:</p> <p><input type="checkbox"/> Evaluation form</p> <p><input type="checkbox"/> Facility/aerial photos</p>
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