Wildlife Rehabilitation Protocol – Pest Control

Facility/Rehabilitator Name: ___________________________

This is only a recommendation of what your protocol should cover. Your facility may insert, change or delete any sections of this protocol to fit the mission of your rehabilitation facility, or submit an existent protocol in a different format. All protocols must be reviewed and approved by a consulting veterinarian.

Prevention

General:
☐ Food stored in air-tight containers
☐ Incoming supplies inspected for pests
☐ Standing/stagnant water removed
☐ Outside drains and gutters kept free of debris
☐ All windows fitted with tightly secured screens
☐ Pest control policy made available for staff, public visitors, etc.

Daily:
☐ Garbage disposed of daily
☐ All food, water, and other spills cleaned immediately
☐ Damp or wet bedding/cleaning materials removed and laundered or disposed of
☐ Daily wash down of all entrances and exits including docks if they exist

Other Facility Pest Prevention (attach additional sheet if necessary):

Control Measures

Insect/Invertebrate:
☐ Use roach traps when necessary.
☐ If pesticide use is necessary; it is limited to those with low volatility, low odor, and ability to remain effective in an area of constant washing. If pesticides are used, list type and purpose.

Rodent:
☐ Snap or live traps are used and inspected twice a day
☐ Snap or live traps are placed in areas inaccessible to rehabilitation animals
☐ All staff is informed of trap placement

Other Facility Pest Control Measures (attach additional sheet if necessary):

Extra steps for the prevention of West Nile Virus:
☐ Eliminate breeding habitat: dispose of refuse which serves as water-holding containers
☐ Ensure roof gutters drain properly and that down spouts are clean
☐ Change water and wash bird baths regularly
☐ Store wheelbarrows, wading pools, boats, and canoes upside-down when not in use
☐ Utilize landscaping to prevent water from pooling in low-lying areas
☐ Reduce/eliminate day time mosquito resting areas by keeping weeds, vines and grass trimmed

_____________________________   ______________________
Rehabilitator Signature      Date

___________________________   ______________________
Consulting Veterinarian Signature   Date