



**Wildlife Rehabilitation Permit  
Annual Report and Permit Renewal Form  
Reporting Year: \_\_\_\_\_**

**For Official Use Only**  
Status: \_\_\_\_\_  
Date: \_\_\_\_\_  
Initials: \_\_\_\_\_

Complete ALL sections.  
Return the form by January 15<sup>th</sup>.  
You must submit a report even if you did not have any activity during the reporting year.  
Make sure you sign your name at the bottom of the form.  
You may attach additional sheets if necessary.  
This form may be completed and saved electronically, or printed and completed by hand.

**1) PERMITEE INFORMATION:**

NJ Wildlife Rehabilitation Permit Number: \_\_\_\_\_  
Name (first, mi, last): \_\_\_\_\_  
Facility Name (if applicable): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

*\* SS#, DOB, Home/Day phone, e-mail address are for Internal Use Only*

Do you want to be listed on the published "NJ Wildlife Rehabilitator List" that is distributed and posted on the DFW website?

If yes, provide the phone number to be listed: \_\_\_\_\_

**2) FACILITY INFORMATION:**

Facility Location (street address): \_\_\_\_\_  
County: \_\_\_\_\_ Available Hours: \_\_\_\_\_

Were there any changes to the location of your facility, changes in the location or structure of your facility or caging? \_\_\_\_\_

Attach a diagram with dimensions, a written description of construction materials (type of wire/netting, substrate, etc) and photographs of new caging.

\*\*\*\*\* Do Not Write Below This Line \*\*\*\*\*

**3) WILDLIFE:**

Please mark species for which you are licensed AND are willing to take in so that we may direct constituents appropriately. Do not check off additional animals unless you have been previously approved for that species.

Birds:                    \_\_\_ Passerines   \_\_\_ Raptors   \_\_\_ Wading Birds   \_\_\_ Waterfowl   \_\_\_ Seabirds

Mammals:            \_\_\_ Rabbits            \_\_\_ Opossum            \_\_\_ Squirrels / Chipmunks  
RVS:                \_\_\_ Bats                \_\_\_ Raccoons            \_\_\_ Skunks                \_\_\_ Woodchuck  
PDS:                \_\_\_ Bobcat            \_\_\_ Coyote                \_\_\_ Fox                    \_\_\_ White-tail Deer  
                      \_\_\_ Bear                \_\_\_ Beaver                \_\_\_ Otter

Other: \_\_\_\_\_

Reptiles:            \_\_\_ Turtles            \_\_\_ Snakes

**4) OTHER PERMITS:**

A. Rehabilitation Permits:

i. Are you licensed to rehabilitate avian species?            \_\_\_ Yes   \_\_\_ No  
If yes, please attach a copy your USFWS Wildlife Rehabilitation Permit.

ii. Are you licensed to rehabilitate wildlife in another state?            \_\_\_ Yes   \_\_\_ No  
If yes, list the states where you are licensed and attached a copy of your Wildlife Rehabilitation Permit for each state:

\_\_\_\_\_  
\_\_\_\_\_

B. Captivity Permits:

i. Are you licensed to possess wildlife for other reasons?            \_\_\_ Yes   \_\_\_ No  
If yes, provide a list of other wildlife captivity permits issued by this agency, USFWS, and/or USDA.

<i>Issuing Agency</i>	<i>Permit type</i>	<i>Permit No.</i>	<i>Exp. Date</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**5) CONSULTING VETERINARY SERVICES**

Provide the name, address and phone number of at least 1 licensed veterinarian that is willing to provide care and treatment of the wildlife under your care. Attach additional sheets if necessary.

Name of Veterinarian: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Telephone Number: \_\_\_\_\_

**6) SUBPERMITTEES:**

Provide a list of those persons who are working at your facility and who you are authorizing to act as a subpermittee under your permit. Persons listed as a subpermittee may not accept wildlife directly from the public nor release wildlife without your evaluation and approval. You may attach additional sheets if necessary.

*Reminder: if you are renewing a USFWS Rehabilitation Permit, and the subpermittee will be providing temporary care at a site other than your own, you will need to include a description of each person's professional experience, and a description, diagram and pictures of the caging, etc, when you submit your renewal form to USFWS. <http://www.fws.gov/forms/3-200-10b.pdf>*

Name (first, mi, last): \_\_\_\_\_

Complete Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Start Date: \_\_\_\_\_

Name (first, mi, last): \_\_\_\_\_

Complete Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Start Date: \_\_\_\_\_

Name (first, mi, last): \_\_\_\_\_

Complete Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Start Date: \_\_\_\_\_

Name (first, mi, last): \_\_\_\_\_

Complete Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Start Date: \_\_\_\_\_

**7) APPRENTICES:**

Provide a list of those persons who are apprenticing with you with the goal of becoming a rehabilitator. Attached additional sheets if necessary.

Name (first, mi, last): \_\_\_\_\_

Complete Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Start Date: \_\_\_\_\_

Name (first, mi, last): \_\_\_\_\_

Complete Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Start Date: \_\_\_\_\_

Name (first, mi, last): \_\_\_\_\_

Complete Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Start Date: \_\_\_\_\_

Name (first, mi, last): \_\_\_\_\_

Complete Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Start Date: \_\_\_\_\_





**C. TRANSFERS: - unless this information was included in Section B.**

Please provide a list of all wildlife you transferred during the reporting year. All transfers of non-releasable wildlife must be accompanied with a receipt or letter noting the name, address, and permit number of the rehabilitator, name, address and permit number of the receiver, species, quantity, nature of injury, date of transfer. Include a copy of the USFWS written pre-authorization for transfer of a migratory bird species and/or DFW approval for e/t, PDS, game and nongame species.

<i>Intake Date</i>	<i>Species</i>	<i>Sex</i>	<i>Quantity</i>	<i>Nature of Injury</i>	<i>Transfer date</i>	<i>Transferred to (name, address, permit no.)</i>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**D. STILL PENDING: - unless this information was indicated in Section B.**

Please provide a list of each individual animal still held as of 12/31 of this reporting year. Do not include wildlife held under other permitting categories.

<i>Intake date</i>	<i>Species</i>	<i>Nature of Injury</i>	<i>Proposed Disposition</i>	<i>~ Proposed Date</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**10) CONTINUOUS EDUCATION:**

Please list wildlife rehabilitation courses, training sessions and/or conferences attended during the last year. If provided, attach a copy of the certificate noting name, subject, participation and completion date.

<i>Date</i>	<i>Org. / Affiliation</i>	<i>Duration</i>	<i>Location</i>	<i>Topics/Subjects/Presenter</i>

**11) ANNUAL SUMMARY:**

\_\_\_\_\_ Total Intake      \_\_\_\_\_ Total Animals Released

\_\_\_\_\_ Held Over      \_\_\_\_\_ Died in Care (after 24 hrs)      \_\_\_\_\_ Died within 24 hours/DOA

\_\_\_\_\_ Euthanized on Arrival      \_\_\_\_\_ Euthanized in Care      \_\_\_\_\_ Transferred

\_\_\_\_\_ Total phone calls received during the reporting year (approximate).

**12) SIGNATURE:**

\_\_\_\_\_ I wish to renew this permit      \_\_\_\_\_ I do not wish to renew this permit

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**13) Mail:**

- A. This completed and signed form
- B. Copies of your USFWS Wildlife Rehabilitation permit (if applicable)
- C. Copy of your USFWS Annual Report (if applicable)
- D. Copies of other wildlife captivity permits (if applicable)
- E. Daily intake report with required information
- F. Copy of certificate of continuous education (if applicable)
- G. Pictures/diagrams of new caging (if applicable)

**DO NOT FORWARD TELEPHONE LOGS**

**TO: NJ Dept. of Environmental Protection**  
**Mail Code 501-03**  
**Division of Fish and Wildlife**  
**Wildlife Rehabilitation Program**  
**501 E. State St. / PO Box 420**  
**Trenton, NJ 08625-0420**