NEW JERSEY DIVISION OF
Fish and Wildlife

Wildlife Rehabilitation
Permit Renewal Form

Reporting Year: 20- _____

Return this portion of the form by January 31st.
Make sure you sign your name at the bottom of the form.
You may attach additional sheets if necessary.

PRIMARY PERMITTEE 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: _____
Office Phone: _____ Home Phone: _____
E-mail Address: _____
* SS#, DOB, Home phone and 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? _____ Yes _____ No
If yes, provide the phone number to be listed: _____

SECONDARY PERMITTEE INFORMATION (use additional sheets if necessary):
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: _____
Office Phone: _____ Home Phone: _____
E-mail Address: _____
* SS#, DOB, Home phone and 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? _____ Yes _____ No
If yes, provide the phone number to be listed: _____

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? _____
If yes, attach a diagram with dimensions, a written description of construction materials (type of wire/netting, substrate, etc.) and photographs of new caging.

WILDLIFE:
Please review the groupings and sub-categories of mammals, birds and reptiles / amphibians on last year's permit that you were approved to rehabilitate. Note any changes:

_____
_____
_____

OTHER PERMITS:
If you are licensed to rehabilitate avian species, please attach a copy your USFWS Wildlife Rehabilitation Permit.

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: _____

Other Captive Game Permits:
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.

Issuing Agency	Permit Type	Permit No.	Exp. Date

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:
_____
_____ _____ _____
Telephone Number:
_____

ON-SITE SUBPERMITTEES:
Provide a list of those volunteers who you are authorizing to provide on-site care to wildlife for a period of time (not to exceed 60 days) at your facility. You may attach additional sheets if necessary.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Telephone Number: _____
E-mail Address: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____
E-mail Address: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____
E-mail Address: _____

OFF-SITE CAREGIVERS:
Provide a list of those volunteers you are authorizing to provide temporary off-site care to wildlife for a period of time (not to exceed 60 days), when around-the-clock care is needed. Persons listed as off-site caregivers may not accept wildlife directly from the public nor may they release wildlife without your evaluation and approval. You may attach additional sheets if necessary.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____
E-mail Address: _____
Have you seen this facility? _____ (yes / no)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____
E-mail Address: _____
Have you seen this facility? _____ (yes / no)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____
E-mail Address: _____
Have you seen this facility? _____ (yes / no)

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Telephone Number: _____
E-mail Address: _____
Have you seen this facility? _____ (yes / no)

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

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____
E-mail Address: _____
Start Date: _____Status: _____
Expected completion date of apprenticeship: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____
E-mail Address: _____
Start Date: _____Status: _____
Expected completion date of apprenticeship: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____
E-mail Address: _____
Start Date: _____Status: _____
Expected completion date of apprenticeship: _____

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.

Date	***Org. / Affiliation***	***Duration***	***Location***	***Topics/Subjects***

SIGNATURE:

_____ I wish to renew this permit _____ I do not wish to renew this permit

Signature: _____ Date: _____

Mail:

- This completed and signed form
- Copies of your USFWS Wildlife Rehabilitation permit (if applicable)
- Copy of certificate of continuous education (if applicable)
- Pictures/diagrams of new caging (if applicable)

To:

New Jersey Division of Fish and Wildlife
Attn: Captive Game Permits
Mail Code 501-03
P.O. Box 420
Trenton, NJ 08625-0420

ANNUAL REPORT

PLEASE return the annual report by March 1.
Use of this form is NOT MANDATORY, if you are attaching files with the same information. Everyone: **please complete the Summary by Species and the Annual Mammal / Bird/ Reptile Summary sections**.

You must submit an annual report even if you did not have any activity during the reporting year. Avian rehabilitators may submit a copy of their USFWS Annual Report in place of this form Contact the permitting office to submit your report electronically.

Status/Disposition = Released (R), Died (D), Euthanized (E), Died or Euthanized within 24 Hours of Receipt (D/E-24), Transferred (T), Pending (P), Held Over from previous year and Released (HO)

SPECIES HELD OVER FROM PREVIOUS YEAR– please provide a list of all wildlife held over from the previous reporting year and released this year. Do not include wildlife still in your possession.

Intake Date	*Species*	*#*	*Disposition*	*Date*
_____	_____	____	_____	_____
_____	_____	____	_____	_____
_____	_____	____	_____	_____
_____	_____	____	_____	_____
_____	_____	____	_____	_____
_____	_____	____	_____	_____
_____	_____	____	_____	_____
_____	_____	____	_____	_____
_____	_____	____	_____	_____
_____	_____	____	_____	_____

TOTAL # INDIVIDUALS HELD OVER: _____

NEW ACQUISITIONS – please provide a list of individual animals received during the reporting year. Include acquisition (intake) date, species, quantity, approximate age (new born, hatchling, juvenile, adult, etc.) and nature of injury. A computer generated list may be submitted. If you received an e/t species – be sure to notify an ENSP biologist.

Intake Date	*Species*	*#*	*Age*	*Nature of Injury*
_____	_____	____	____	_____
_____	_____	____	____	_____
_____	_____	____	____	_____
_____	_____	____	____	_____
_____	_____	____	____	_____
_____	_____	____	____	_____
_____	_____	____	____	_____
_____	_____	____	____	_____

TRANSFERS: - DO NOT INCLUDE THESE NUMBERS IN THE SUMMARY
Please provide a list of all wildlife you transferred to another captive game permit holder. 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.

Intake Date	***Species***	***#***	***Nature of Injury***	***Transfer Date***	***Transfer To***

PENDING: - Please provide a list of each individual still in your care. Do not include wildlife held for exhibit / educational purposes.

Intake Date	***Species***	***Nature of Injury***	***Proposed Disposition***

SUMMARY BY SPECIES:
Please provide a summary of each of the species received during the reporting year. Attach additional sheets if necessary. Include: ***Species - Total Received, Total Released, Pending, Died, Euthanized, and Died/Euthanized within 24hours.***
Examples: Red Fox – 5 received, 3 released, 1 died, 1 euthanized
Bald Eagle – 2 received, 1 released, 1 pending

Species	***Received***	***Rel***	***Pending***	***Died***	***Euth***	***D/E-24***

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
TOTALS:	_____	_____	_____	_____	_____	_____

ANNUAL MAMMAL SUMMARY:
_____ Total Intake _____ # Held Over from Prior Year
_____ Total Animals Released _____ # Died _____ # Euthanized
_____# Died / Euthanized within 24-hours _____# Still in Care and Pending

ANNUAL BIRD SUMMARY:
_____ Total Intake _____ # Held Over from Prior Year
_____ Total Animals Released _____ # Died _____ # Euthanized
_____# Died / Euthanized within 24-hours _____# Still in Care and Pending

ANNUAL REPTILE / AMPHIBIAN SUMMARY:
_____ Total Intake _____ # Held Over from Prior Year
_____ Total Animals Released _____ # Died _____ # Euthanized
_____# Died / Euthanized within 24-hours _____# Still in Care and Pending

Mail the Annual Report, by March 1 To:

New Jersey Division of Fish and Wildlife
Attn: Captive Game Permits
Mail Code 501-03
P.O. Box 420
Trenton, NJ 08625-0420