



MAMMAL REHABILITATOR PERMIT APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Social Security #: _____ Date of Birth: _____

Home Phone (_____) _____ Day/Work Phone (_____) _____

Facility Phone: (_____) _____

(This phone number will be listed in the rehabilitator list and distributed to the public)

E-Mail Address _____

Name of facility (if applicable): _____

Location of Facility: _____

County: _____

Available Hours: _____

May you be contacted at work concerning sick, injured or orphaned wildlife? Yes No

Is your facility open to provide rehabilitation services throughout the year? Yes No

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During what hours will someone be available at your facility to respond to wildlife calls?

Will your facility provide a retrieval service to pick up sick, injured or orphaned wildlife that cannot be brought in by the caller? Yes No

If yes, on which days and during what hours?

How long did you apprentice as a wildlife rehabilitator? List dates.

Under whose license did you apprentice? Include name and license number.

Do you currently belong to any wildlife rehabilitation associations? Explain.

Excluding your apprenticeship, what additional education, training, and experience have you had in the care, maintenance, and handling of wildlife?

Have you attended or taken part in any wildlife workshop(s) or rabies symposium(s)? If so, explain.

What books, manuals or other literature will you refer to? Please provide a complete list beginning with the ones most often used. Use additional sheets if necessary.

What mammal species do you feel capable and qualified to rehabilitate? Check all that apply.

Raccoon Striped Skunk Woodchuck Opossum Gray Squirrel
Cottontail Rabbit Fox White-tailed Deer (fawn)

Other (explain): _____

Are you requesting approval to rehabilitate a rabies vector species (raccoon, skunk, woodchuck, fox or bat)? Yes No

Have you received and reviewed the NJ Department of Health and NJ Div of Fish and Wildlife's information regarding rabies, the rabies pre-exposure and post-exposure vaccine? Yes No

Do you understand that rabies is a deadly viral disease, which may incubate in the animal for several months before the animal begins to show symptoms, and ALL mammals (including those not normally identified as a rabies vector species) are susceptible? Yes No

Do you understand that by handling wildlife you may be exposed to diseases and/or parasites that can be passed along to humans (zoonotic)? Yes No

What type of treatment do you feel most qualified to provide for the groups of species listed above? Do you have experience treating injuries, poisoning, shock, diseases, splinting breaks, etc? Please be specific and use additional sheets if necessary.

Excluding your apprenticeship, from what other sources have you obtained experience and expertise in these treatments? Please be specific and use additional sheets if necessary.

List infant, weaning, juvenile, and adult diets that will be provided for the species you intend to rehabilitate. Please be specific and use additional sheets if necessary.

Describe how you would handle a call from someone who has cut down a tree and as it fell, an adult gray squirrel jumped from a den hole and ran up a nearby tree. On investigation they found a litter of healthy, uninjured, fully furred, baby squirrels whose eyes are still closed. (Example: What questions would you ask the caller and what advice would you give?) Use additional sheets if necessary.

Describe how you would handle a call from someone that two evenings earlier saw an adult raccoon leave their attic and was killed by a car. Now they have her litter of orphan babies in a box. (Example: What questions would you ask the caller and what advice would you give?) Use additional sheets if necessary.

How important do you feel it is to raise a single orphan mammal with others of its species (conspecifics)? Very important Somewhat important Unnecessary

In order of importance, list the species that you intend to rehabilitate that would benefit most from being raised by an adult of the same species.

If you have a single orphan, what course of action would you normally take?

Would you consider a mammal you received at less than a week of age and raised without a suitable conspecific, a releasable animal? Explain.

Your rehabilitation site is located in an area zoned as:

Commercial Residential Farm Other (explain)

This site is in an area which can best be described as:

Urban Suburban Rural

What is the size of your property? (In acres or dimensions, e.g., 50' by 100' lot.)

Does your township have an ordinance that would prohibit you from maintaining numerous mammals or exclusionary fences on your property? Yes No

What type of exclusionary fencing do you use to protect the public and animals under your care? Please check all that apply.

Property is fenced: Yes No Fence height/type: _____

Rehabilitation area fenced: Yes No Fence height & type: _____

Double wire on cages Yes No

Other (please explain): _____

Please supply photographs and a written description (with dimensions) of the housing and cages used at your facility for the species you intend to rehabilitate. Include the size of cage, specifics of wire, flooring, den areas, and accessories to create a proper habitat. (i.e., 4' x 4' x 8' with pea gravel floor, sides and roof of plywood and 1" x 2" welded wire. Den box, wading pool, and logs.) Use additional sheets.

Briefly describe the procedures to be practiced at your facility to control zoonoses (diseases that are transmissible from animal to human) and those transmissible from animal to animal:

Can you isolate or quarantine an animal at your facility, if necessary? Yes No
Describe your facility's quarantine/isolation procedures.

Describe the cleaning and disinfecting schedules that will be used at your facility. Include the cleaning / disinfecting agents to be used.

Would you refer animals to other rehabilitators if you cannot provide adequate care for a particular species? If not, why?

Do you have a list of the licensed wildlife rehabilitators within the state? Yes No

When necessary, will you euthanize captive wildlife yourself? Yes No
If yes, please describe the methods you will use for euthanasia and include the agents to be used. (i.e.: inhalants, pharmacological, etc.) Please be specific.

Will you utilize a veterinarian for euthanasia? Yes No
Does your cooperating veterinarian provide physical examinations? Yes No
Does your cooperating veterinarian dispense medications? Yes No
Will your veterinarian perform surgery if and when necessary? Yes No
Will your veterinarian x-ray wildlife, when necessary? Yes No
Does your veterinarian provide services for all the species of wildlife which you are permitted to rehabilitate? Yes No
Does your veterinarian have a separate isolation facility, in which wildlife can be kept separate from pets? Yes No

NAME OF VET _____
NAME OF VET CLINIC _____
PHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

RECORD KEEPING

- A. Have you reviewed the International Wildlife Rehabilitators Council /National Wildlife Rehabilitators Association (IWRC/ NWRA) Minimum Standards? Yes No
- B. Are you familiar with the IWRC/NWRA Sample Patient Admission Form? Yes No
- C. Are you familiar with the IWRC/NWRA Sample Patient Examination Form? Yes No
- D. Have you reviewed the NJ DFW Sample Annual Report Forms Yes No
- E. Have you reviewed and do you understand the NJ Relocation Policy Yes No
- F. Will you record details of care and/or drug use for each animal? Yes No
- G. Will your records contain information on the location and date each animal patient was found? Yes No
- H. Will your records contain information on the disposition of each animal? (E.g., released, died, transferred dates or still in your possession) Yes No

All captive game permit holders must provide the name and address of a veterinarian willing to provide services for you. Please list the veterinarian(s) to be used by your facility.

Please enclose a letter of recommendation from the rehabilitator under whose supervision you apprenticed.

I understand:

- I must work within the NJDEP/DFW regulations and requirements. Failure to comply may result in the denial of a permit renewal or revocation or suspension of a current permit and privileges.
- My facility must be available for inspection during any reasonable hours.
- I am not authorized to charge a fee for services.
- I will maintain appropriate and accurate records pertaining to each wild animal under my care.
- Endangered and Threatened species are subject to additional authorizations due to rehabilitation facility requirements, rehabilitation protocols, approvals and/or permits.
- The Division has final decision making authority pertaining to the possession, rehabilitation, release, placement and final disposition of all wildlife.
- The Division, at its discretion, may take possession of any wildlife.
- Wildlife under rehabilitation must be kept separate from educational and/or display wildlife and be protected from visual and auditory stress from agricultural, domestic and/or exotic animals/wildlife.
- Renewal of the annual permit is subject to the submission and approval of an annual report and past performance.
- The permittee agrees to hold the New Jersey Division of Fish and Wildlife and the State of New Jersey harmless and not liable for any sickness, injury or death associated with the rehabilitation of wildlife.
- While the Division allows the rehabilitation of wildlife by permit, rehabilitation is "at your own risk".

Print Applicant Name: _____
Applicant Signature: _____
Date Completed: _____

Attach the following:

Letter of recommendation from sponsor
Copies of seminar or continuous education certifications
Photographs of housing and cages
Description and diagram of housing and cages

Applicant must complete submit this form with the required documents to:

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