



Washington
Department of
**FISH and
WILDLIFE**

Wildlife Rehabilitation Permit Application

PLEASE READ: Return one completed application and required materials to the Regional Wildlife Rehabilitation Coordinator at the WDFW Regional Office in which your facility is located. For addresses see: <http://wdfw.wa.gov/>, click Regional Offices. **AND** send one copy of the application to: Wildlife Rehabilitation Manager, 16018 Mill Creek Blvd Mill Creek WA 98012. There is no fee for this permit.

Wildlife Rehabilitation Permits are valid for 3 years from the date on which your permit was issued. Pursuant to RCW 77.12.469, you must renew your permit every 3 years by submitting this application to the WDFW. **RENEWAL PERMIT APPLICATIONS MUST BE SUBMITTED ONE MONTH IN ADVANCE OF THE EXPIRATION OF YOUR PERMIT.**

PLEASE CHECK TYPE OF APPLICATION:

First-time Initial Application

3-Year Permit Renewal Application

WDFW Permit Number:

1. Applicant and Facility Information

Applicant Name (Last)		(First)	(Middle)
Home Address		City	State Zip
Facility Name		County in which Facility is located	
Facility Address (Physical)		City	State Zip
Facility Address (Mailing)		City	State Zip
Home Phone	Facility Contact Phone	Cell Phone	
Personal e-mail Address		Facility e-mail Address	
Applicant Birth Date (Initial Applicants only)			

Please indicate with a check which phone number(s) you want listed on the WDFW Wildlife Rehabilitators Web Site (you must have **at least one** on the website):

Home _____ **Facility** _____ **Cell** _____

Please indicate whether you would like the facility address listed on the website:

YES, I want the facility's address on the website _____

NO, I do not want the facility's address on the website _____

To which Wildlife Rehabilitation Organizations do you belong (please check)?

Washington Wildlife Rehabilitation Association _____

National Wildlife Rehabilitators Association _____

International Wildlife Rehabilitation Council _____

2. Initial Applicants only SPONSORING WASHINGTON LICENSED REHABILITATOR

Sponsoring Rehabilitator Name

Facility Name

Facility Address

Contact Phone

e-mail Address

3. SUPERVISING VETERINARIANS

All Washington Wildlife Rehabilitators are required to have a Principle Veterinarian who oversees all wildlife veterinary care. *Surgery will be conducted ONLY by a Washington Licensed Doctor of Veterinary Medicine.*

Initial Applicants, please attach the signed Agreement from your Principle Veterinarian.

Principle Veterinarian

Hospital/Clinic Name

Hospital/Clinic Address

Phone

e-mail Address

Alternate Veterinarian (not required)

Hospital/Clinic Name

Hospital/Clinic Address

Phone

e-mail Address

4. Species Information (what species are you requesting to rehabilitate [*new applicant*] or are you permitted for now [*renewal applicant*]?)

Please indicate the animals you (wish to) rehabilitate by estimating the approximate number you are able to handle *at one time* (**Capacity**). **We understand capacity may vary according to age, gender, and time of year.**

Species, Taxa, Group	Capacity	Species, Taxa, Group	Capacity
<i>AMPHIBIANS</i>		<i>REPTILES</i>	
<i>RAPTORS</i> Adults		<i>OWLS</i> Adults	
<i>OTHER THAN OWLS</i> Young		Young	
LARGE MAMMALS INCL. LARGE CARNIVORES		<i>MEDIUM MAMMALS</i>	
Bear and Cougar Adults		Marten, fisher, badger, Adults	
Young		weasels, wolverine Young	
Beaver Adults		Muskrat, Mt. beaver Adults	
Young		Young	
Bobcat, lynx Adults		Opossum, porcupine Adults	
Young		Young	
Coyote, fox Adults		Rabbit, hare, pica	
Young			
Deer, elk, moose Adults		Raccoon Adults	
Young		Young	
Mt. goat, big horn sheep Adults		River otter Adults	
Young		Young	
Wolf Adults		Skunk Adults	
Young		Young	
SMALL MAMMALS		BIRDS OTHER THAN RAPTORS	
Bats		Marine birds	
Mice, vole, rats, shrew, mole, squirrel, chipmunk		Shorebirds and heron	
		Waterfowl Adults	
		Young	
		Upland game birds Adults	
		Young	
		Passerines, woodpeckers, hummingbirds, and all other birds	

Renewal Only: I am requesting that these animals be added to my permit

Species/Taxa/Group	Capacity	Species/Taxa/Group	Capacity

Renewal Only: Program/Education Animal information (use additional paper if needed)

Species	Date acquired	How did you acquire the animal?

USFWS Migratory Bird Permits

A federal permit is required to rehabilitate migratory birds (essentially all native bird species). List the type of federal permit and permit number that you currently hold or check N/A if you do not rehabilitate migratory birds.

For a Federal Migratory Bird Permit see <http://www.fws.gov/pacific/migratorybirds/permits.htm>

USFWS Migratory Bird REHABILITATION

Permit # _____ Expiration Date _____

N/A - I do not rehabilitate migratory birds

USFWS Migratory Bird SPECIAL PURPOSE POSSESSION – EDUCATION PERMIT FOR LIVE BIRDS

Permit # _____ Expiration Date _____

N/A - I do not hold for education migratory birds

5. Training and Experience

INITIAL APPLICANTS ONLY

You must have a total of at least 6 months (1044 hours) of experience working or volunteering with a licensed Wildlife Rehabilitator or licensed veterinarian, or demonstrate equivalent training. Please complete the tables below to describe your experience working with wildlife. **Provide at least one letter of recommendation from a facility in which you worked.**

Veterinarians: Please provide your Washington State Veterinary License Number and list the wildlife species with which you have experience:

License # _____

List of species: _____

Facility Name/Veterinary Clinic	Contact Person	Phone Number
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Dates worked	Approximate hours worked/day	Approximate total hours worked at this facility
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Animal care duties and percentage of time spent on this duty while at the facility:

Diet prep/feeding	Cage cleaning	Transport or release	First Aid	Medical treatment	Restraint	Other: Explain
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List species or taxa with which you worked at this facility:

Facility Name/Veterinary Clinic	Contact Person	Phone Number
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Dates worked	Approximate hours worked/day	Approximate total hours worked at this facility
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Animal care duties and percentage of time spent on this duty while at the facility:

Diet prep/feeding	Cage cleaning	Transport or release	First Aid	Medical treatment	Restraint	Other: Explain
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List species or taxa with which you worked at this facility:

Facility Name/Veterinary Clinic	Contact Person	Phone Number
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Dates worked	Approximate hours worked/day	Approximate total hours worked at this facility
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Animal care duties and percentage of time spent on this duty while at the facility:

Diet prep/feeding	Cage cleaning	Transport or release	First Aid	Medical treatment	Restraint	Other: Explain
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List species or taxa with which you worked at this facility:

Please check if you are a **Licensed Veterinary Technician**:

Washington State Licensed Veterinary Technician Number: _____

Describe on another sheet of paper any other experience, education, handling, or working with wildlife that you feel is relevant to becoming a wildlife rehabilitator.

RENEWAL APPLICANTS ONLY

List the Continuing Education, trainings, and/or meetings you have attended or completed within the last three years.

Class/Workshop/Training/Meeting Name	Dates Attended	Facilitator/Trainer/Teacher	Location- City & State

6. Renewal Only: Sub-permittees (*those people listed on your permit who care for wildlife under your direction in their homes only during special circumstances of overflow, initial care emergency, or the need for 24-hour care, such as nestling care or nursing mammals.*)

Sub-permittee Name	
Address	
Home Phone	Cell Phone
e-mail Address	

Sub-permittee Name	
Address	
Home Phone	Cell Phone
e-mail Address	

I do not have Sub-permittees on my Permit at this time

MEMORANDUM OF UNDERSTANDING

I, _____, hereby agree to all of the conditions outlined in WAC 232-12-275 and have read the NWRA/IWRC *Minimum Standards for Wildlife Rehabilitation 3rd Edition*, and, to the best of my knowledge, meet all the guidelines as specified.

I understand that I cannot hold the Washington State Department of Fish and Wildlife liable for any injuries, illnesses, or damage to any person or property in connection with my wildlife rehabilitation activities.

Furthermore, I agree to be responsible for any and all costs incurred in connection with my wildlife rehabilitation activities.

I understand that this permit is a privilege that may be revoked at any time for cause, and that I may be subject to inspection, at a reasonable time, without notification. I will abide by all conditions of the issued permit.

I understand that wildlife remains the property of the state and is subject to control by the state.

I hereby certify that this application for a wildlife rehabilitation permit is complete and accurate to the best of my knowledge. The making of false statements on this application may result in the denial or revocation of the Wildlife Rehabilitation Permit.

Signature

Date