

Wildlife Rehabilitation Principal Veterinarian Agreement

***All Washington Wildlife Rehabilitators are required to have a Principal Veterinarian who oversees veterinary care***

***and to submit this agreement to the WDFW Wildlife Rehabilitation Manager with their permit application.***

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| ***APPLICANT* Complete Sections 1. & 2.** | | | | | |
| 1. **APPLICANT AND FACILITY INFORMATION** | | | | | |
| **Applicant Name (Last)** | **(First)** | | | **(M.I.)** | |
| **Facility Name** | | | | | |
| **Facility Address** | **City** | | **State** | **Zip** | |
| 1. **REHABILITATOR RESPONSIBILITIES**   *The wildlife rehabilitator agrees to the following: (please initial each statement)* | | | | | |
| The Principal Veterinarian’s (PV) schedule of availability or other pre-determined times for the PV to see wildlife patients. | | | | |  |
| Will provide sufficient information regarding the animals being treated so that the veterinarian can make informed decisions. | | | | |  |
| Follow the PV’s instructions regarding medication use and treatment prescribed or discuss alternatives with the PV before altering said medications and treatments. | | | | |  |
| Using or administering drugs contrary to the PV’s instructions, is a violation of the agreement, and the veterinarian may choose to terminate it. | | | | |  |
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| ***PRINCIPAL VETERINARIAN* Complete Sections 3. - 6.** | | | | | |
| 1. **PRINCIPAL VETERINARIAN INFORMATION** | | | | | |
| **Veterinarian Name:** | | | | | |
| **Hospital/Clinic Name:** | | | | | |
| **Hospital/Clinic Address:** | | | | | |
| **Phone:** | | **Email:** | | | |
| **Veterinary License Number:** | | | | | |
| 1. **VETERINARIAN RESPONSIBILITIES**   *The veterinarian agrees to the following: (please initial each statement)* | | | | | |
| Act as Principal Veterinarian, assisting the licensed Wildlife Rehabilitator by providing appropriate diagnostics and treatments to all cases requiring medical care, and providing follow-up when necessary. | | | | |  |
| Lawfully provide prescription medication, euthanasia solution, and immobilization drugs as per DEA and Board of Pharmacy laws and regulations. | | | | |  |
| Humanely euthanize as soon as possible wildlife patients suffering and unlikely to recover. | | | | |  |
| Refuse to provide wildlife care that impairs the successful release of animals back to the wild | | | | |  |
| Rely on the rehabilitator to best address the husbandry needs of the patient. | | | | |  |
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| 1. **VETERINARY SERVICES INFORMATION**   *Types of services you are willing to provide: (check all that apply)* | | | | | |
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| |  |  | | --- | --- | | Physical Exam | Initial Diagnosis | | Initial Stabilization | Reportable Disease Diagnosis *(****Required****)* | | Prescription Drugs | Dispensing Medication | | Agree to arrange for Controlled Drugs *(****Required*** *if controlled drugs are to be administered)* | Euthanasia | | Administering Medication | Follow-up Exams | | Radiology | Lab Work | | Surgery *(****Required*** *if surgery is anticipated)* | Fracture Stabilization | | Rehabilitation Facility Site Visits | Necropsy | | Carcass Disposal | Training | | | | | | |
| *Other:* | | | | | |
| 1. **Wildlife species you are not willing to handle, assist with, or provide services for:** | | | | | |
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| **Discussion Points** for establishing a contract with your principal veterinarian for your Washington State Wildlife Rehabilitation Permit. ***Please place a check mark*** *next to the item when finished discussing.* | |
| 1. Goods and materials your veterinarian is willing to  provide. | 2. Goods and materials your veterinarian is willing to  provide pro bono. |
| 3. Estimated or approximate amount of time and hours that your veterinarian might be available. | 4. Procedures and services**\*** your veterinarian is willing to perform (radiographs, hematology, fracture management, surgery, lab work, etc.) and costs to  you, if any. |
| 5. Wildlife species your veterinarian will and will not handle. | 6. Wildlife species for which your veterinarian has sufficient medical and care knowledge, or feels  comfortable and capable providing care for. |
| 7. Types of phone consultation. | 8. Willingness to come to your facility. |
| 9. Arrangements for bringing wildlife to the clinic or not (appointment only, emergency, midnight calls,  etc.). | 10. How wildlife should be brought into the clinic (back door, after hours only, etc. - wildlife should not be  brought through the public front door if possible). |
| 11. Housing facilities for wildlife at the clinic to minimize stress (noise, foot traffic, proximity to predators,  etc.); and contact with domestics. | 12. Follow-up care protocols, record keeping and communications. |
| 13. Protocols and agreements on euthanasia and carcass  disposal. Agree in advance on a process of making  euthanasia decisions together. | 14. A veterinarian must diagnose and provide treatment protocol for all Reportable Diseases (this list is provided to the Wildlife Rehabilitator). |

* Any licensed veterinarian may render emergency care and treatment to sick or injured wildlife, but any such wildlife shall be transferred to a licensed rehabilitator within 24 - 48 hours.
* Any licensed veterinarian may euthanize injured wildlife if no other reasonable action would be humane or effective.
* Any licensed veterinarian euthanizing wildlife using chemical agents must provide for appropriate burial, incineration, or other lawful disposition.

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| **Signatures** | |
| |  | | --- | | *I agree to act as Principal Veterinarian in assisting the licensed Wildlife Rehabilitator to provide those services as indicated in sections 4 and 5, and that we have a mutual understanding of the division of responsibilities for providing medical care and rehabilitative care of wildlife.* | | |
| Principal Veterinarian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *I agree, as Wildlife Rehabilitator, to abide by the responsibilities indicated in Section 2, that I have discussed with the Principal Veterinarian the Discussion Points indicated above, and that we have a mutual understanding of the division of responsibilities for providing medical care and rehabilitative care of wildlife.* | |
| Applicant/Wildlife Rehabilitator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*This agreement does NOT authorize the Principal Veterinarian to act as a licensed wildlife rehabilitator. Unless a veterinarian holds a WDFW Wildlife Rehabilitation Permit, wildlife must be transferred to a wildlife rehabilitator upon stabilization. A Principal Veterinarian is not required to provide any services, supplies, or medications pro bono but may elect to do so. Those signing this agreement must abide by the laws and regulations governing the practice of veterinary medicine and wildlife rehabilitation in Washington State.*

**Return completed permit application too:**

[**jen.mannas@dfw.wa.gov**](mailto:jen.mannas@dfw.wa.gov)

**or**

Washington Department of Fish and Wildlife

Wildlife Rehabilitation Manager

16018 Mill Creek Blvd.

Mill Creek, WA 98012