



Wildlife Rehabilitation Permit Application

Oregon Department of Fish and Wildlife
4034 Fairview Industrial Drive SE
Salem OR 97302
(503) 947-6301

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | New Applicant |
| <input type="checkbox"/> | Permit Renewal |

Name _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
*Social Security Number _____ DOB _____
Email _____ DVM Yes _____ No _____
State Permit No _____ Federal Permit No _____ Expiration _____

Administrative rule requires wildlife rehabilitators to reside in Oregon or rehab facility and activities must be in Oregon.

Business name, address and telephone number of Rehab Center or Veterinary Clinic (if applicable)
Your business name and telephone number will be posted on the ODFW website.

Supervising Veterinarian

Name _____ Business Name _____
Address _____
Business Phone _____

*Renewal applicants must contact the district wildlife biologist to set up and complete a facility inspection **before** your current permit expires.*

The following documents MUST be included with this application (check all that apply to you):

- Federal Rehabilitation Permit (only if rehabilitating migratory birds or marine mammals)
- List of Sub-permittees and Sub-permittee Authorization Form for each
- Copy of an **up-to-date** letter from your supervising veterinarian
- Renewal applicants must submit proof of all Continuing Education Credit information
- New applicants must submit least one letter of recommendation from a facility in which you have worked
- New applicants should describe on another sheet of paper any other experiences, education, handling, or working with wildlife that you feel is relevant to becoming a Wildlife Rehabilitator.

Circle Codes Requested For New Permit or Renewal Permit:

CODES

- | | | | |
|-----|--------------------------|-----|---------------------------|
| 11* | All Birds | 21* | All Mammals |
| 13* | Raptors | 22 | All Mammals except Marine |
| 16* | All Birds except Raptors | 31 | Amphibians and Reptiles |

***Any person wishing to rehabilitate migratory birds or marine mammals must have a Federal Rehabilitation Permit.**

I will only be conducting Triage work and will transfer wildlife to a licensed (state & federal) rehabber within 48 hours of accepting wildlife.

The Oregon Department of Fish and Wildlife Permit is contingent on obtaining necessary federal permits.

* ORS 25.785, 305.385, 42 USC § 405(c) (2) (C) (i), and 42 USC § 666(a) (13)

TRAINING AND EXPERIENCE: New Applicants Only

Please list experience working or volunteering with a licensed Wildlife Rehabilitator or licensed veterinarian, or demonstrate equivalent training.

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|---|---------------|------------------------|----------------|-------------------|---|----------------|
| Facility Name/ Veterinary Clinic | | | Contact Person | | Phone Number | |
| Dates Worked | | Approx. hrs worked/day | | | Approx. total hrs worked at this facility | |
| 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 |
| List species with which you worked at this facility | | | | | | |

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| List species with which you worked at this facility | | | | | | |

**Renewal Applicants ONLY: Program/Education Animal Information (Use separate paper if necessary)
MAMMALS ONLY**

| Species | Date Acquired | How did you acquire | Received ODFW letter | ODFW employee name |
|---------|---------------|---------------------|----------------------|--------------------|
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USFWS Migratory Bird *Special Purpose Possession – Education Permit for Live Birds* ____ Yes ____ No

Permit # _____ Expiration date _____

Renewal Applicants ONLY: Volunteer under another licensed rehabber (Use separate paper if necessary)

No ____ Yes ____ Name of licensed rehabber _____

Number of volunteer hours _____

Renewal Applicants ONLY – List Continuing Education Credits obtained in the last 2 years – Proof must be attached to this application

| Class/Workshop/Training/Meeting Name | Date Attended | Facilitator/Trainer/Teacher | Location | CEC Hours |
|--------------------------------------|---------------|-----------------------------|----------|-----------|
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By signing this application you agree to:

- *Adhere to all Oregon Administrative Rules regarding wildlife rehabilitation. Failure to do so is cause to revoke your permit and the birds, mammals, amphibians and reptiles to be confiscated.*
- *Permittee agrees to adhere to Oregon Department of Agriculture rules regarding importation of wildlife into Oregon.*
- *Wildlife rehabilitation facilities for permittee and sub-permittees are subject to inspection by any Oregon Dept. of Fish & Wildlife employee or Oregon State Police officer.*
- *Wildlife in your care are not owned by you in any legal forms. The state maintains regulatory authority over all wildlife within its borders. They shall not be sold, traded or given to others without prior written authorization from ODFW.*

Applicant Signature

Date