



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

FOR OFFICIAL USE ONLY
Date _____
Approved By _____

Wildlife Rehabilitation Permit Application **New Applicant** **Permit Renewal**

Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 *Social Security Number _____ DOB _____
 Email _____ DVM _____ Yes _____ No
 State Permit No _____ Exp _____ Federal Permit No _____ Exp _____
 (attach copy of federal permit if applicable)

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 ODFW website.

Subpermittees (attach subpermittee authorization form for each)

Supervising Veterinarian (attach copy of current letter from DVM)

Name _____ Business Name _____
 Address _____
 Business Phone _____

Circle Codes Requested For New Permit (Copy of federal permit must be provided for federally regulated species)
 RENEWALS ONLY: You must circle all species codes you have passed the rehab test for even if they appear on your current 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 contact:**

U.S. Fish and Wildlife Service
 911 N.E. 11th Ave.
 Portland, OR 97223
 Phone: (503) 872-2715

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: Initial Applicants Only

Please list experience working or volunteering with a licensed Wildlife Rehabilitator or licensed veterinarian, or demonstrate equivalent training. Provide at least one letter of recommendation from a facility in which you worked.

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						

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
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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						

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.

RENEWAL ONLY: Program/Education Animal Information (Use separate paper if necessary)

Species	Date Acquired	How did you acquire	Received ODFW letter	ODFW employee name

USFWS Migratory Bird *Special Purpose Possession – Education Permit for Live Birds* ____ Yes ____ No

Permit # _____ Expiration date _____

RENEWAL 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, training, pertaining to Wildlife Rehabilitation you attended or completed since last application and send proof.

Class/Workshop/Training/Meeting Name	Date Attended	Facilitator/Trainer/Teacher	Location	CE Hours

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 subpermittees 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