



VERMONT
 Application Type:
Rehabilitator

Vermont Fish & Wildlife Department
 1 National Life Drive, Davis 2
 Montpelier, VT 05620-3702, 802-828-1529
 STATUTORY AUTHORITY: 10 V.S.A. SECTION APPENDIX 9

Application for a Wildlife Rehabilitator Permit

- Part 1. Application
- Part 2. Examination
- Part 3. Facilities and Equipment Inspection Report

Type (check one) ___ New (\$50.00 permit fee) ___ Renewal (no fee)

1. **Permittee/Applicant Name:** _____
Institution (if applicable): _____
Principal Officer (CEO) of Institution: _____
Physical Address/Town/St/Zip: _____
Mailing Address (if different): _____
Telephone: _____
E-Mail: _____

2. **Location of Facility** (*Provide directions or attach map*):

3. **Permits/Licenses issued by USFWS or other states:**
 USFWS Migratory Bird Permit # _____, Expires _____
 USFWS Threatened & Endangered Species Permit # _____ Expires _____
 State: _____ Years: _____ Permit #: _____
 State: _____ Years: _____ Permit #: _____
 State: _____ Years: _____ Permit #: _____

4. **Account of experience in wildlife rehabilitation** (*if more space is needed use additional pages*):

5. Degrees conferred and courses or conferences you have attended on rehabilitation (if more space is needed use additional pages):

Title: _____ Year: _____

Sponsoring Organization: _____

Title: _____ Year: _____

Sponsoring Organization: _____

Title: _____ Year: _____

Sponsoring Organization: _____

6. Species to be rehabilitated (check all that apply):

_____ Amphibians and/or Reptiles

_____ Birds, excluding raptors (Federal permit required)

_____ Birds, including raptors (Federal permit required)

_____ Mammals (non-rabies vectors)

_____ Mammals (rabies vectors—foxes, skunk, raccoon, woodchuck)

_____ Threatened and/or Endangered species

7. Veterinarian(s) willing to assist you (attach copies of appendix A signed by each cooperating veterinarian attesting to an agreement to provide services):

Name: _____

Address: _____

Telephone: _____, Email: _____

Name: _____

Address: _____

Telephone: _____, Email: _____

Name: _____

Address: _____

Telephone: _____, Email: _____

- 8. Assistants:** Provide names and qualifications of individuals (up to five) that may assist you in providing rehabilitation care and submit a signed copy of appendix B. If this is an application to rehabilitate rabies vectors, identify no more than one individual who will assist you as the Rabies Vector Rehabilitation Assistant and submit a signed copy of appendix C.

Name	Qualifications
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

9. Responsibility Statements:

All Species: I have read the most current edition of the National Wildlife Rehabilitators Association's *Minimum Standards for Wildlife Rehabilitation* (www.nwrawildlife.org/content/minimum-standards) and I understand the standards and I am capable of meeting those the standards for the wildlife species I wish to rehabilitate.

_____ Yes _____ No

All Species: I have read Title 10 VSA § Appendix 9 *Wildlife Rehabilitation*.

_____ Yes _____ No

Rabies Vector Species Rehabilitators Only: I have read the document *Rehabilitation of Rabies Vector Species* (5/2014) and I understand my responsibilities for practicing safe wildlife rehabilitation as discussed in that document.

_____ Yes _____ No

10. Required Attachments:

_____ **Liability:** Copy of a liability insurance policy covering the Permittee, assistants/handlers of wildlife (minimum coverage at least \$300,000).

_____ **Character witness:** Signed statements from two character witnesses attesting to your abilities and/or qualifications as a wildlife rehabilitator.

_____ **Renewals:** If this is an application for permit renewal, attach any outstanding reports for the current permit year.

_____ **Map** showing the location of the rehabilitation facility (if not described in section 2).

_____ **Federal Permit for Migratory Bird Rehabilitation:** If you intend to rehabilitate migratory birds, attach a copy of your current federal permit from the US Fish & Wildlife Service's Migratory Bird Program office.

_____ **Cooperating Veterinarian Statements:** Copies of Appendix A. Evidence of Veterinarian Cooperation signed by each cooperating veterinarian listed in Section 7.

_____ **Vaccinations & Rabies Vector Permits:** If you intend to rehabilitate rabies vector species, attach a signed statement(s) or report(s) attesting to rabies vaccination(s) issued by a physician, private medical facility or a local health authority, or a report of rabies antibody titer of 0.5 IU or greater for the Permittee and the Rabies Vector

Rehabilitation Assistant (if any) listed in Section 8 above.

_____ **Rabies Vector Rehabilitation Assistant:** If you intend to rehabilitate rabies vector species, attach a copy of Appendix C. Rabies Vector Species Assistant signed by the permit applicant and the proposed Rabies Vector Rehabilitation Assistant.

11. Certification by signature: I hereby affirm, under penalty of perjury, that the information, as well as any exhibits, documentations, and maps, are truthful to the best of my knowledge, that I am not delinquent in any obligation to pay child support or that I am in good standing with respect to any unpaid judgment issued by the judicial bureau or district court for fines and penalties for a civil violation or criminal offense. I also understand that false statements made on this application are punishable pursuant to 10 V.S.A. §4267 of Vermont state law.

Signature: _____ **Date:** _____

Submit completed application via email (preferred) to hope.carey@vermont.gov or mail to "Permit Specialist" c/o VFWD at the address at the top of this form. Make application fee checks payable to "Vermont Fish & Wildlife Department"

Allow up to 30 days following the determination that the application is complete for application processing.

Appendix A. Evidence of Veterinarian Cooperation

Each veterinarian cooperating with a wildlife rehabilitator listed in Section 7 of this application shall submit a signed cooperation statement to be included with the rehabilitation application.

I have agreed to provide euthanasia services, as necessary, and other professional and technical services and advice relating to the rehabilitation of rabies vector species as part of my working relationship with _____ (name of applicant) an applicant for a wildlife rehabilitator's permit.

Furthermore, I understand that I am not obliged to provide pro bono services nor am I responsible for the acts of this wildlife rehabilitator as a result of this cooperative relationship.

Signature of Veterinarian

Date Signed

Name of Veterinarian

Phone #

Address of Veterinary Practice

Appendix B. Wildlife Rehabilitation Assistant (*not rabies vector species*)

No more than five people may be authorized to be assistants at any one time. The rehabilitation permit applicant shall submit the statement below, signed by both the proposed assistant and the permit applicant, with the permit application. Any change of assistants must be submitted to the department in writing and a new form must be completed.

I will be working with the person (named below) as my Wildlife Rehabilitation Assistant (WR Assistant).

This WR Assistant will be working at my rehabilitation facility and would be authorized to transport and care for wildlife species listed in section 6 of this application. This WR Assistant has experience in wildlife rehabilitation (as described in Section 8 of this application) and understands all the risks and responsibilities in rehabilitating wildlife species.

Signature of Permit Applicant

Date Signed

Name of Permit Applicant

I have read the most current edition of the National Wildlife Rehabilitators Association's *Minimum Standards for Wildlife Rehabilitation* and I understand my responsibilities as a wildlife species rehabilitation assistant for practicing wildlife rehabilitation as discussed in that document. I have also read Title 10 VSA § Appendix 9 *Wildlife Rehabilitation*.

_____ Yes

_____ No

Signature of WR Assistant

Date Signed

Name of WR Assistant

Appendix C. Rabies Vector Species Assistant

No more than one individual can be authorized to assist a rehabilitator with the transport and care of rabies vector species. The rehabilitation permit applicant shall submit the statement below, signed by both the proposed assistant and the permit applicant, with the permit application.

I will be working with the person (named below) as my Rabies Vector Species Rehabilitation Assistant (RVR Assistant). Attached is a signed statement or report attesting to rabies vaccination issued by a physician, private medical facility or a local health authority, or a report of rabies antibody titer of 0.5 IU or greater for this RVR Assistant.

This RVR Assistant will be working at my rehabilitation facility and would be the only person other than myself, authorized to transport and care for rabies vector species. This RVR Assistant has experience in wildlife rehabilitation (as described in Section 8 of this application) and understands all the risks and responsibilities in rehabilitating rabies vector species.

Signature of Permit Applicant

Date Signed

Name of Permit Applicant

I have read the document *Rehabilitation of Rabies Vector Species* (May 2014) and I understand my responsibilities as a Rabies Vector Species Rehabilitation Assistant for practicing safe wildlife rehabilitation as discussed in that document. I have also read the most current edition of the National Wildlife Rehabilitators Association's *Minimum Standards for Wildlife Rehabilitation* and Title 10 VSA § Appendix 9 *Wildlife Rehabilitation*.

_____ Yes

_____ No

Signature of RVR Assistant

Date Signed

Name of RVR Assistant

Part II. **Wildlife Rehabilitation Proficiency Assessment**

Purpose: State statute requires that a Vermont Fish & Wildlife Department employee interview applicants for wildlife rehabilitator permits. The interview is essential to determining an applicant's competency and the adequacy of wildlife care facilities. The interview includes an assessment of the applicant's proficiency in wildlife rehabilitation and an inspection of the wildlife care facilities and equipment.

Content: The assessment consists of approximately 50 questions, generally in a true or false format. A score of 80% or greater is required. The questions are distributed into three general categories:

Knowledge of wildlife and their habits	~33%
Technical rehabilitation knowledge	~34%
Knowledge of state regulations and procedures	~33%

Persons intending to take the examination should review the rehabilitation literature and applicable state and federal regulations. The questions emphasize the practical aspects and obligations of wildlife rehabilitation. Knowledge of scientific names and obscure publications is not required. The person issuing the assessment may add or change questions in order to get the best understanding of the applicant's competency.

Passage of the assessment alone does not entitle an applicant to a Wildlife Rehabilitator's permit. The facility inspection, interview and other information gathered by the Vermont Fish & Wildlife Department all equally important.

Failure to Pass: An applicant who fails to pass the assessment may take it again no earlier than two months (60-days) from the date of the prior assessment.

Part III **Facility Review Checklist**

This sample checklist may be during rehabilitation facility inspection. It consists of yes/no questions; "yes" is the response needed to pass this inspection. A "no" answer indicates the facility does not meet state requirements, and the problem must be corrected before a permit is issued.

I. Initial Care Facilities

Yes	No	
___	___	1. Do the cages allow free movement of the animal being held?
___	___	2. Are isolation facilities available for critically injured animals?
___	___	3. Are cages clean?
___	___	4. Is the area ventilated and with adequate lighting?
___	___	5. Are lamps, heating pads or an incubator available?
___	___	6. Is the area away from the main flow of family life?
___	___	7. Is there access to the area by family pets?

II. Extended & Conditioning Care Caging

Yes	No	
___	___	8. Do the enclosures meet caging standards for the species being held?
___	___	9. Are they cleanable?
___	___	10. Are the cages sturdy? Do they lock?
___	___	11. Are they safe to the handlers and animals (e.g., no loose or sharp wires or nails)?

- 12. Are the cages overcrowded with animals?
- 13. Are water pools available for aquatic animals?
- 14. Are perches available for birds? Are covered, resting areas available for mammals?

III. Medications & Veterinary Services

- Yes No
 15. Are needed medications available at the facility?
- 16. Are other medications available by prescription or through sponsoring organizations?
- 17. Are veterinary services provided for the animals being held?

IV. Food Preparation & Storage

- Yes No
 18. Is the food preparation area clean and orderly?
- 19. Are adequate foods and supplies available?
- 20. Are dead animals stored so that family food will not be contaminated?
- 21. Are perishable foods dated?
- 22. Are clean food and water available to the animals that require it at all times?

V. Housekeeping & Maintenance

- Yes No
 23. Is cleaning performed frequently and regularly?
- 24. Are cages and other equipment in good repair?

VI. Records

- Yes No
 25. Are records kept for each animal under care?
- 26. Are the records legible?
- 27. Are records adequately completed so that the progress of an animal can be tracked?
- 28. Is there a system to identify each animal to its record?

Certification

- APPROVED: Facilities and equipment meet State standards.
- PROVISIONAL APPROVAL: Except as indicated below, facilities and equipment meet State Standards. Applicant agrees to correct all deficiencies within 30 days.*
- NOT APPROVED: Facilities and equipment fail to meet Federal/State standards.

*Deficiencies: _____

Vermont Fish & Wildlife Department

Wildlife Rehabilitator

I agree to correct deficiencies if any, within 30 days and to maintain facilities/ equipment at or above Federal/State standards.

Name: _____

Name: _____