

State of New Jersey
Department of Environmental Protection
Division of Fish and Wildlife
Wildlife Rehabilitation Program

Consulting Veterinary Services Information
For new applicants

Notice: Prior to the issuance of a permit, the applicant shall, on forms provided by the Division, demonstrate that adequate licensed veterinary services for care and treatment of wildlife is readily available. (N.J.A.C. 7:25-4; N.J.A.C. 7:25-10)

General Information

Name of Applicant: _____
Consulting Veterinarian Name: _____
License Number / State: _____
Clinic Name: _____
Clinic Address (street, city, state, zip) _____
Telephone Number: _____

Veterinary Services Information

Please describe the types of services you are willing to provide for the applicant
(e.g., physical exam, initial stabilization, dispensing medication, surgery, radiology, euthanasia, necropsy, training, etc.)

What species are you willing to provide services for? Check all that apply.

Small mammals	<input type="checkbox"/> squirrels	<input type="checkbox"/> chipmunks	<input type="checkbox"/> opossum	<input type="checkbox"/> cottontail rabbits	
Rabies Vector Species	<input type="checkbox"/> raccoons	<input type="checkbox"/> skunks	<input type="checkbox"/> woodchucks	<input type="checkbox"/> fox	<input type="checkbox"/> bats
Potentially Dangerous Species	<input type="checkbox"/> fox	<input type="checkbox"/> coyote	<input type="checkbox"/> bobcat		
Avians	<input type="checkbox"/> white-tailed deer	<input type="checkbox"/> black bear	<input type="checkbox"/> venomous snakes		
Other: Please specify _____	<input type="checkbox"/> passerines	<input type="checkbox"/> wading birds	<input type="checkbox"/> waterfowl	<input type="checkbox"/> seabirds	<input type="checkbox"/> raptors

Facilities

Does your clinic have the facilities to treat wildlife with reasonable isolation from normal clinic activities? Yes No

Briefly describe the facilities available for holding wildlife while in your clinic:

Consulting Veterinarian

I agree to act as a consulting veterinarian to examine and treat injured wildlife in assisting the applicant's wildlife rehabilitation activities.
I have received a copy of and agree to adhere to both the NJ and USFWS wildlife regulations.
I understand that I must obtain approval from NJDFW prior to treating endangered and threatened wildlife species.
I understand that any licensed veterinarian may render emergency care and treatment to sick or injured wildlife; however, all wildlife shall be transferred to a licensed rehabilitator within 24 hours.

Veterinarian Signature: _____ Date: _____

Applicant Signature: _____ Date: _____