



REPTILE REHABILITATOR PERMIT APPLICATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Social Security #: _____ Date of Birth: _____

Home Phone _____ Work Phone _____

Facility Phone: _____

(This phone number will be listed in the rehabilitator list and distributed to the public)

E-mail Address: _____

Location of Facility: _____

County: _____

Available Hours _____

May you be contacted at work concerning wildlife rehabilitation? Yes _____ No _____

Is your facility open to provide rehabilitation services throughout the year? Yes _____ No _____

During what hours will someone be available at your facility to response to wildlife calls?

Will your facility provide a retrieval service to pick up sick, injured or orphaned wildlife that cannot be brought in by the caller? Check one. Yes _____ No _____

If yes, explain. _____

How long did you apprentice as a wildlife rehabilitator? List dates.

Under whose NJ rehabilitation permit did you apprentice? Include name and NJ rehabilitation permit number. Attach the letter of recommendation.

Do you currently belong to any wildlife rehabilitation associations? Explain

Excluding your apprenticeship, what additional education, training, and experience have you had in the care, maintenance, and handling of wildlife? Attach copies of seminar certifications.

Have you attended or taken part in any other wildlife workshops? If so, explain.

What books, manuals or other literature will you refer to? Please provide a complete list beginning with the ones most often used. Use additional sheets if necessary.

What species or groups of reptiles do you feel capable and qualified to rehabilitate?

Circle all that apply: Snakes _____ Turtles _____

Are you requesting approval to rehabilitate venomous species? Yes _____ No _____

Are you familiar with the NJ Venomous Snake Response Team and their contact info?

Yes _____ No _____

Do you understand that by handling wildlife you may be exposed to diseases and/or parasites that can be passed along to humans (zoonotic)? Yes _____ No _____

What type of treatment do you feel most qualified to provide for the species listed above? Do you have experience treating injuries, poisoning, shock, diseases, etc? Please be specific and use additional sheets if necessary.

Excluding your apprenticeship, from what other sources have you obtained experience and expertise in these treatments? Please be specific and use additional sheets if necessary.

List the diets that will be provided for the species you intend to rehabilitate.

Supply photographs and a written description of the housing and caging facilities at your facility for the species you intend to rehabilitate. Please note that a reptile must be housed in a manner that allows it to perform the normal behavioral patterns of its species in addition to preventing disease, liberation, or accidental injury to itself and the public. Include the types of cages, cage dimensions and materials used in construction for each species. Please refer to the IWRC Minimum Standards for guidelines. Use additional sheets if necessary.

Briefly describe how you would handle a call from someone who claims to have an injured reptile that they had just rescued. (e.g. What type of questions would you ask the caller and what advice would you give?) Use additional sheets if necessary.

Briefly describe the cleaning and disinfecting schedules that will be used at your facility. Include the cleaning/disinfecting agents to be used.

Does your local municipality allow for this type of activity? Yes _____ No _____

Your rehabilitation site is located in an area zoned as:

Commercial _____ Residential _____ Agricultural _____ Other (explain) _____

This site is in an area which can best be described as:

Urban _____ Suburban _____ Rural _____

What is the size of your property? (In acres or dimensions, e.g., 50' by 100' lot.)

What type of exclusionary fencing do you use to protect the public and animals under your care? Please check all that apply.

Property is fenced Yes _____ No _____ Fence height & type: _____

Rehabilitation area fenced Yes _____ No _____ Fence height & type: _____

Other (please explain): _____

Can you isolate or quarantine an animal at your facility, if necessary? Yes _____ No _____

Describe your facility's quarantine/isolation procedures.

When deemed necessary, do you euthanize reptiles? Yes _____ No _____

If yes, describe the methods used for euthanasia and include the agents used (eg. Inhalation, pharmacological, etc.) Please be specific.

Would you refer animals to other rehabilitators if you cannot provide adequate care for a particular species? If not, why?

Will you utilize a veterinarian for euthanasia? Yes _____ No _____

Does your cooperating veterinarian provide physical examinations? Yes _____ No _____

Does your cooperating veterinarian dispense medications? Yes _____ No _____

Will your veterinarian perform surgery if and when necessary? Yes _____ No _____

Will your veterinarian x-ray wildlife, when necessary? Yes _____ No _____

Does your veterinarian provide services for all the species of wildlife which you are permitted to rehabilitate? Yes _____ No _____

Does your veterinarian have a separate isolation facility, in which wildlife can be kept separate from pets? Yes _____ No _____

NAME OF VET _____

NAME OF VET CLINIC _____

PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

RECORD KEEPING

A. Have you reviewed the International Wildlife Rehabilitation Council /National Wildlife Rehabilitation Association (IWRC/NWRA) Minimum Standards? Yes _____ No _____

B. Are you familiar with the IWRC/NWRA Sample Patient Admission Form?
Yes _____ No _____

C. Are you familiar with the IWRC/NWRA Sample Patient Examination Form?
Yes _____ No _____

D. Have you reviewed the NJ DFW Sample Annual Report Forms? Yes _____ No _____

E. Have you reviewed and do you understand the NJ Relocation Policy? Yes _____ No _____

F. Will you record details of care and/or drug use for each animal? Yes _____ No _____

G. Will your records contain information on the location and date that each animal patient was found? Yes _____ No _____

H. Will your records contain information on the disposition of each animal? (e.g., released, died, transferred or still in your possession.) Yes _____ No _____

Please enclose a letter of recommendation from the rehabilitator under whose supervision you apprenticed.

I understand:

- I must work within the NJDEP/DFW regulations and requirements. Failure to comply may result in the denial of a permit renewal or revocation or suspension of a current permit and privileges.
- My facility must be available for inspection during any reasonable hours.
- I am not authorized to charge a fee for services.
- I will maintain appropriate and accurate records pertaining to the wildlife in my possession.
- Endangered and Threatened species are subject to additional authorizations due to rehabilitation facility requirements, rehabilitation protocols, approvals and/or permits.
- The Division has final decision making authority pertaining to the possession, rehabilitation, release, placement and final disposition of all wildlife.
- The Division, at its discretion, may take possession of any wildlife.
- Wildlife under rehabilitation must be kept separate from educational and/or display wildlife and be protected from visual and auditory stress from agricultural, domestic, and/or exotic animals/wildlife.
- Renewal of the annual permit is subject to the submission and approval of an annual report and past performance.
- User agrees to hold the New Jersey Division of Fish and Wildlife and the State of New Jersey harmless and not liable for any sickness, injury or death associated with the rehabilitation of wildlife.
- While the Division allows the rehabilitation of wildlife by permit, rehabilitation is "at your own risk".

Print Applicant Name: _____

Applicant Signature: _____

Date Completed: _____

Attach the following:

Letter of recommendation from sponsor

Veterinary Services Form for New Applicants

Copies of seminar certifications

Photographs of housing/cages

Description and diagram of housing/cages

Applicant must complete and submit this form with the required documents to:

New Jersey Division of Fish and Wildlife

Attn: Game Permits

Mail Code 501-03

P.O. Box 420

Trenton, NJ 08625-0420