



## MIGRATORY BIRD REHABILITATOR PERMIT APPLICATION

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Day/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 sick, injured or orphaned birds? Yes                      No

Is your facility open to provide rehabilitation services throughout the year?

\_\_\_\_\_  
\_\_\_\_\_

During what hours of the day is someone available at your facility to respond to injured bird calls?

\_\_\_\_\_  
\_\_\_\_\_

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

If yes, on which days and during what hours?

\_\_\_\_\_  
\_\_\_\_\_

How long did you apprentice as an avian wildlife rehabilitators? List dates and species.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Under whose license did you apprentice? Include name and license number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently belong to any wildlife rehabilitation organizations? Explain.

\_\_\_\_\_

---

---

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

---

---

Have you attended or taken part in any wildlife workshops? Yes                      No  
If yes, explain: \_\_\_\_\_

---

---

What books, manuals, or other literature will you refer to? Please provide a complete list, listing the ones most often used first.

---

---

What species or groups of migratory birds do you feel capable and qualified to rehabilitate?  
Check all that apply.

Passerines      Pelagic birds              Raptors              Wading birds              Waterfowl  
Others (Explain): \_\_\_\_\_

---

---

What kind of type of treatment do you feel most qualified to provide for the groups of species listed above? Do you have experience treating injuries, poisoning, shock, and diseases, splinting breaks, bumblefoot, 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.

---

---

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

Supply a written description of the housing and caging facilities at your facility for the species you are applying. Please note that the bird 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, perches, and materials used in construction. Use additional sheets and provide photographs.

Does your facility have flight cages for exercising birds prior to their release? Check one.  
Yes                      No

If yes, provide a written description of each and include dimensions and photographs. Use additional sheets if necessary.

---

---

---

---

Indicate the diets that will be provided for the species you are applying for. Please be specific in your description of the diets that you feed each species or group. Use additional sheets if necessary.

---

---

---

---

Briefly describe how you would handle a call from someone who claimed to have an orphaned baby bird that they had just rescued off of the ground in their backyard. (e.g. What type of questions would you ask the caller and what advice would you give?) Use additional sheets if necessary.

---

---

---

---

For many species it is necessary that a young bird be exposed to either adults of the same species, or at least juvenile conspecifics in order to develop normal behavioral patterns. How will you provide for this requirement when you receive baby/orphaned birds?

---

---

---

---

If you do not have an adult bird or suitable surrogate available what course of action would you normally take?

---

---

---

---

Would you consider a bird you received at about 1 - 2 days of age and raised without a suitable surrogate a releasable bird? Yes                      No

Explain: \_\_\_\_\_

---

Your rehabilitation site is located in an area zoned as:

Commercial              Residential              Farm              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.)

---

Does your township or municipality have an ordinance that would prohibit you from maintaining numerous birds or exclusionary fencing on your property? Yes                      No

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: \_\_\_\_\_

Double wire on cages    Yes              No              Double Doors    Yes              No

Other (please explain): \_\_\_\_\_

---

Please supply photographs and a written description of the housing and cages used at your facility for the species you are applying for. Include the size of cage, specifics of wire, flooring, den areas, and accessories to create a proper habitat. (I.e., 4' X 4'X 8' with pea gravel floor, sides and roof of plywood and 1"X 2" welded wire. Perches, branches, blinds, den box, wading pool, and logs. ) Use additional sheets.

---

Briefly describe the procedures that are practiced at your facility to control zoonoses (diseases that are transmitted from birds to humans). And those transmissible from bird to bird:

---

---

Can you isolate or quarantine an animal at your facility, if necessary? Yes                      No  
Describe your facility's quarantine/isolation procedures.

---

---

---

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

---

---

---

Do you have a list of licensed bird rehabilitators within the state? Yes                      No

Would you refer birds to other rehabilitators if you cannot provide adequate care for a particular species? Check one Yes                      No  
If not, why?

---

---

---

When deemed necessary, will you euthanize birds yourself? Yes                      No  
If yes, describe the methods used for euthanasia and include the agents used (eg. Inhalation, pharmacological, etc.) Please be specific

---

---

---

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

Have you reviewed the International Wildlife Rehabilitators Council / National Wildlife Rehabilitators Association (IWRC/NWRA) Minimum Standards? Yes No  
Are you familiar with the IWRC/NWRA Sample Patient Admission Form? Yes No  
Are you familiar with the IWRC / NWRA Sample Patient Examination Form? Yes No  
Have you reviewed the NJDFW Sample Annual Report Forms? Yes No  
Have you reviewed and do you understand the NJ Relocation Policy? Yes No  
Will you record details of care and/or drug use for each animal? Yes No  
Will your records contain information on the locations and date each patient was found?  
Yes No  
Will your records contain information on the disposition of each animal (Eg. died, released, 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 being rehabilitated 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 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".

**I hereby affirm that the information on this application is true to the best of my knowledge.  
False statements may lead to the revocation of my permit.**

Print Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date Completed: \_\_\_\_\_

**Attach the following:**

Letter of recommendation from sponsor

Veterinary Services Form(s)

Copies of continuous educational 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