



APPLICATION FOR WILD ANIMAL REHABILITATION PERMIT

State Form 27020 (R8 / 6-11)
Department of Natural Resources

DEPARTMENT OF NATURAL RESOURCES

Division of Fish and Wildlife
402 W. Washington St., Rm. W273
Indianapolis, IN 46204-2781
Telephone: (317) 233-6527
Fax Number: (317) 232-8150

INSTRUCTIONS:

- 1. Please print or type information.
- 2. Be sure to read all regulations.
- 3. Attach additional sheets for explanation if necessary.
- 4. All sections must be complete before submitting to the address shown above.

Check one: New Applicant Renewal (Annual Report Required)

Name of Applicant _____ Date (month, day, year) _____
Last Name First Name Mid. Initial

Date of Birth (month, day, year) _____ Driver's License Number _____

Address (Number and Street or Rural Route) _____

City _____ State _____ ZIP Code _____ County _____

Telephone Number _____ E-mail Address _____

SPECIES INTENDED TO REHABILITATE

Mammals: Yes No If yes, please list species: _____

Reptiles: Yes No If yes, please list species types (snakes, etc.): _____

Amphibians: Yes No If yes, please list species: _____

Birds*: Yes No If yes, please list species types (raptors, songbirds, etc.): _____

*Do you have a federal permit or are you a sub-permittee under someone else's permit? Yes No If you are a sub-permittee, who is the permit holder? _____

For New Applicants:

1. Have you been an assistant under a licensed rehabilitator, veterinarian, university animal clinic, or zoological park?
 Yes No If yes, list name and dates: _____

Documentation of the experience with a licensed veterinarian, university animal clinic, zoological park, or licensed wild animal rehabilitator must be attached to this application form.

2. List the wildlife rehabilitation reference books that you possess (*Internet only is not acceptable.*): _____

4. Please list the facilities, equipment and supplies you have on hand that will be used. _____

5. Please list all of the cages that you have and their sizes. _____

Note: Please attach additional pages if necessary to completely answer the questions.

For New Applicants and Renewals Mailed After January 31:
Please Have a Licensed Veterinarian (D.V.M.) Complete This Section Before Submitting:

I, _____ have had previous experience in the care of the wild animals listed on this application form and will assist the applicant with medical treatment of wild animals when necessary.

Signature of Veterinarian _____ Date (month, day, year) _____

Name of Business _____ Telephone Number (_____) _____

Address of Business (number and street, city, state, ZIP code) _____

For All Applicants: List Individuals Who Will Assist Applicant

1) Name _____ Telephone Number (_____) _____

Address _____ City _____ State _____ ZIP Code _____

2) Name _____ Telephone Number (_____) _____

Address _____ City _____ State _____ ZIP Code _____

3) Name _____ Telephone Number (_____) _____

Address _____ City _____ State _____ ZIP Code _____

AGREEMENT

I understand the regulations governing the rehabilitation of wild animals and agree to abide by them. Under penalty of perjury (*IC 35-44-2-1*), I affirm that the information supplied by me is true and correct to the best of my knowledge.

Signature of Applicant _____ **Date** (month, day, year) _____

FOR OFFICE USE ONLY

Date Application Received (month, day, year) _____

Date Permit Issued (month, day, year) _____ Expiration Date (month, day, year) _____

Approved by _____ Date Approved (month, day, year) _____

Comments: _____