



CLASS II WILDLIFE REHABILITATION PERMIT APPLICATION

In order to be eligible for a Class II permit, an applicant must either be a licensed veterinarian or shall submit a letter of support signed by the applicant's Class II sponsor certifying that the applicant has met the 200 hour requirement in Fis 812.01(b)(2)b.1

(Please print or type)

Name: _____

Address: _____

Phone#: _____ **Date of Birth:** _____

Email Address: _____

Location of Proposed Facility: _____

Wildlife Species you are prepared to rehabilitate: (i.e. small mammals, songbirds, raptors, etc.)

Summary of Experience in the handling and caring for wildlife:

Applicant's Signature

Date

LICENSED CONSULTING VETERINARIAN

Name: _____

Address: _____

Telephone: _____

Veterinarian's Signature

(Over)

Proposed location of release site(s) and species to be released:

(Pursuant to Fis 812.02 (d) wildlife shall be released into its natural habitat within the State of New Hampshire at a location agreed upon by the conservation officer assigned to the patrol area where the release is planned.)

1. _____
2. _____
3. _____

Pursuant to Fis 812.01(h), the following affidavit must be signed to authorize the rehabilitation of Rabies Vector Species. (“Rabies Vector Species” means raccoons, woodchucks, fox, skunks or bats.)

INDEMNIFICATION STATEMENT

I hereby agree to indemnify the New Hampshire Fish and Game Department from all losses, injury and damage to persons or property resulting from acts or omissions on my part, and assume full liability and responsibility for myself and my assistants in the care of and contact with Rabies Vector Species (raccoons, woodchucks, fox, skunks and bats)

Signature

Date