



Commonwealth of Massachusetts

# Division of Fisheries & Wildlife

Jack Buckley, *Director*

## APPLICATION FOR A WILDLIFE REHABILITATION PERMIT

AFTER successfully passing the exam for wildlife rehabilitators, fill out this application form and send with check or money order to the DFW Boston office. **Fee: \$10.00.** Make check payable to:

“Commonwealth of Massachusetts-DFW”

Pursuant to the provisions of Chapter 131, Section 4 of the Massachusetts General Laws, and 321 CMR 2.13, I apply for a license to acquire and hereby possess sick, injured, debilitated, or orphaned wildlife and provide necessary care and treatment to return the animal to live in the wild, independent of human aid and sustenance.

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE # \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

LOCATION WHERE ANIMALS WILL BE KEPT \_\_\_\_\_

### PLEASE PROVIDE THE FOLLOWING INFORMATION WITH YOUR APPLICATION

A: The wildlife species or types (such as “small mammals”, “songbirds”, “waterfowl”, “reptiles and amphibians”, etc.) of wildlife which the applicant is prepared to rehabilitate.

B: A description of the cages and other facilities which the applicant has available for rehabilitation purposes. Diagrams, drawings in scale or pictures may be used.

Division of Fisheries and Wildlife

Boston Office, 251 Causeway Street, Suite 400, Boston, MA 02114-2152

(617) 626-1591, Fax: (617) 626-1517

*An Agency of the Department of Fish and Game*

[www.mass.gov/masswildlife](http://www.mass.gov/masswildlife)

CONSULTANT VETERINARIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY &

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ORGANIZATION \_\_\_\_\_ BUSINESS PHONE

# \_\_\_\_\_

Do you wish to be listed on our website as a rehabilitator? (Only name, town and phone will be listed.) YES NO

Please indicate category of wildlife for care M= mammals R= reptiles B= birds \_\_\_\_\_

Have you been convicted of a violation of any provision of M.G.L., c. 131 or any provision of M.G.L., c. 266 or c. 272 involving cruelty to animals, or of any provision of 321 CMR, or any related Federal statute or regulation within the past five years? No \_\_\_\_\_ Yes \_\_\_\_\_ if yes, please explain: \_\_\_\_\_

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

**NOTE:** If you plan to rehabilitate migratory birds you must obtain a Federal Permit after you obtain your state permit.

I certify under the pains and penalties of perjury that the information provided above is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE