



MASSWILDLIFE

DIVISION OF FISHERIES & WILDLIFE

1 Rabbit Hill Road, Westborough, MA 01581

p: (508) 389-6300 | f: (508) 389-7890

MASS.GOV/MASSWILDLIFE

APPLICATION FOR A WILDLIFE REHABILITATION PERMIT

AFTER being notified of successfully passing the Massachusetts Wildlife Rehabilitation Permit Exam, complete this application form and send it with check or money order to the DFW Field Headquarters office.

Fee: \$10.00. Make check or money order payable to: "Comm. of MA – DFW"
(Veterinarians exempt from fee)

Mail to: Division of Fisheries and Wildlife
ATTN: Wildlife Rehab
1 Rabbit Hill Road
Westborough, MA 01581

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 _____
(Applicant must be at least 18 years of age)

MAILING ADDRESS _____
(Applicant must be domiciled in MA)

CITY & STATE _____ ZIP _____

PHONE # *(for MassWildlife to contact)* _____

EMAIL ADDRESS **(required)** _____

ORGANIZATION (if applicable) _____

ADDRESS WHERE ANIMALS WILL BE KEPT _____
If different than mailing address. (Physical Street Address; No P.O. Boxes)

PLEASE PROVIDE THE FOLLOWING INFORMATION AS ATTACHMENTS WITH YOUR APPLICATION:

A: A description of the wildlife species or types of wildlife (such as small mammals, songbirds, waterfowl, reptiles and amphibians, etc.) 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 photographs may be used.

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CONSULTANT VETERINARIAN (Printed name) _____

VETERINARIAN ADDRESS _____

CITY & STATE _____ ZIP _____

ORGANIZATION/BUSINESS _____

VETERINARIAN PHONE # _____

VETERINARIAN EMAIL ADDRESS _____

VETERINARIAN SIGNATURE _____

Please indicate the category(ies) of wildlife you intend to rehabilitate for public listing on Mass.gov (M= mammals, B= birds, R= reptiles) _____

Brief comments for Website _____

(Listing on the Mass.gov website as an active rehabilitator is mandatory.)

Phone # for Website (if different than phone number for MassWildlife) _____

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 (i.e. raptors/birds of prey, songbirds, and/or waterfowl), you must obtain a Federal Migratory Bird Rehabilitation Permit *after* obtaining a state permit.

(With a state wildlife rehabilitation permit, you may accept wild turkey, ruffed grouse, rock pigeon, mute swan, ring-necked pheasant, house sparrow, starling, and northern bobwhite.)

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.

APPLICANT SIGNATURE

DATE