APPLICATION FOR A WILDLIFE REHABILITATION PERMIT

AFTER successfully passing the Massachusetts Wildlife Rehabilitation Permit Exam, fill out this application form and send it with check or money order to the DFW Boston office.

Fee: $10.00. Make check or money order payable to: “Commonwealth of Massachusetts – DFW”

Division of Fisheries and Wildlife – Boston Office
251 Causeway Street, Suite 400
Boston, MA 02114-2152
Phone: (617) 626-1575, Fax: (617) 626-1517

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 #______________________________

EMAIL ADDRESS ________________________

ORGANIZATION (if applicable) ____________________________

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 photographs may be used.
CONSULTANT VETERINARIAN

ADDRESS

CITY & STATE ZIP

ORGANIZATION

BUSINESS PHONE #

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

Please indicate the 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 obtaining a 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.

_________________________________________________ DATE

SIGNATURE