

WILDLIFE REHABILITATION APPLICATION



NEW MEXICO DEPARTMENT OF GAME & FISH
SPECIAL USE PERMITS PROGRAM
LAW ENFORCEMENT DIVISION
P.O. BOX 25112
SANTA FE, NEW MEXICO 87504
(505) 476-8064 / Fax (505) 476-8133

This application will not be considered unless it is complete and notarized.

NAME _____ DATE: _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NO. _____

EMAIL/WEBSITE: _____

DOB: _____ (must be 18 yrs or older to apply)

Briefly state biological or wildlife rehabilitation training. Include a statement or letter of recommendation from at least two (2) state and federally permitted rehabilitators that reflect their knowledge of your training and/or qualifications relating to the rehabilitation of wildlife. Include the names and addresses of references and any additional information which you consider might be helpful (resume).

Purpose for this permit is for the rehabilitation of: (indicate birds, mammals, raptors and reptiles. Does not include endangered or threatened species during first year).

Describe facilities to be used for rehabilitation. Description should include total space available (indoor/outdoor facilities), number and dimensions of cages, and material(s) used in construction of cages. Include diagrams and photographs of facilities.

Location of facilities if different from above address:

List other state and federal permits held by you relating to wildlife:

List organizations in which you belong to related to the educational use of wildlife.

Do you have veterinarian support or have you made networking arrangements for such support?

Signature of applicant

Date

SWORN AFFIDAVIT

STATE OF _____
COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared _____
who after having by me duly sworn, deposed and said:

I, _____, of _____ County, State of New Mexico, desire
to handle the wildlife species indicated above for the sole purpose of rehabilitating and releasing such species and declare that
the above statements made by me are true and correct to the best of my knowledge.

SUBSCRIBED AND SWORN BEFORE ME this _____ day of _____, 20 _____

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L

Notary Public

My Commission Expires: _____