

Department of Natural Resources
Law Enforcement Division
Special Permit Unit
2065 U.S. Highway 278, S.E.
Social Circle, Georgia 30025
(770) 761-3044

**RENEWAL
WILDLIFE REHABILITATION
PERMIT**

(Use attachments if more space is needed for any item)

1. Applicant name: _____

Address: _____

City: _____ state: _____ Zip: _____ County: _____

Email: _____

Home # _____

Cell # _____

Social Security Number (required) _____ Date of Birth (required) _____

Customer Number: _____ (Required)

2. Specify classes or groups of wildlife you are qualified to care for (check appropriate box(es):

☐ **Birds*** ☐ **Raptors*** ☐ **Deer** ☐ **Small Mammals** ☐ **Reptiles**

☐ ***USFWS Permit**

☐ **RVS**

*** If migratory birds are to be rehabilitated, a USFWS permit is required. Please provide a copy with your application.**

3. Address or **location** where wildlife **will be rehabilitated** (held): If Different from above

_____ County _____

4. Describe facilities, equipment, and layout in detail:

5. Write fully your experience, training, skills, etc. which meet requirements of DNR Regulation 391-4-9-.3:

6. Name, address and telephone number of consulting veterinarian(s):

7. Do you wish to be published on the Rehabilitation List on our website? Yes ☐ or No ☐

(If you do not wish to be on the list please leave blank):

Daytime Phone # _____ **Evening #** _____

O.C.G.A. § 16-10-20: "A person who knowingly and willingly makes a false, fictitious, or fraudulent statement...in any matter within the jurisdiction of any department or agency of state government...shall, upon conviction thereof, be punished by a fine of not more than \$1000 or by imprisonment for not less than one or more than five years, or both."

Date

Signature (in ink)

ANNUAL WILDLIFE REHABILITATION LOG TALLY & REPORT FORM-CALENDAR YEAR _____

Customer Number (CN):_____ **Rehabilitator (Please Print):**_____

**** If Rehabilitation reports are being combined as one report by an organization, each applicant must submit a copy of the report with their application. ****

SPECIES GROUP	Released to the Wild	Still Under Care	Transferred	Dead on Arrival	Died Under Care	Euthanized	Holding Indefinitely
Raccoon, Skunk, Fox, Bobcat							
Other Small Mammals							
Bats							
Deer							
Birds, Except Birds of Prey							
Birds of Prey							
Reptiles & Amphibians							
TOTALS							

[illegible]

WILDLIFE REHABILITATION REPORT (cont.)

Customer Number (CN):_____ **Rehabilitator (Please Print):**_____

[illegible]

