



WILDLIFE REHABILITATION PERMIT INFORMATION AND REQUIREMENTS

If you intend to rehabilitate orphaned or injured native wildlife, you must complete and submit a Rehabilitation Permit application to the Ohio Division of Wildlife. **Beginning in 2016, Rehabilitation Permits will be issued for a 3-year cycle rather than a 1-year cycle.** Annual reports are still required and will be due by March 15th.

There are two categories of Rehabilitation Permits. A Category 1 Permit allows individuals with appropriate facilities to rehabilitate healthy, orphaned, non-rabies vector native mammals such as squirrels, Eastern cottontail rabbits and woodchucks. A Category II Permit allows individuals with at least three years of rehabilitation experience as a Category I Rehabilitator or equivalent to rehabilitate additional species of native wild animals as specified on their permit except rabies-vector species, deer, coyote, bobcat, mute swans, and state or federally endangered species unless otherwise approved by the Chief of the Division of Wildlife. A limited number of Endangered Species permits are issued at the Chief's discretion based on training, geographical location and agency need. Valid Category II Permit holders wishing to rehabilitate state or federal endangered species must submit a letter to the Chief of the Division of Wildlife specifying the species to be cared for, a description of their ability to rehabilitate each species and a copy of their state and federal permits.

Persons wishing to rehabilitate rabies-vector species (raccoons, bats, fox and skunks) are required to have 1) taken a training course (or equivalent certification) for handling rabies-vector species offered by the OWRA or other approved organization, 2) provide proof of rabies pre-exposure vaccination or antibody titer, and 3) sign a document stating their knowledge of the risks associated with handling these species and their acceptance of all responsibility for injury or illness they, their sub-permittees, or volunteers may be exposed to while caring for rabies-vector species.

Rehabilitators must provide documentation that they have veterinarian assistance. Category II rehabilitators must have the ability to properly care for wild animals that are diseased, injured, or need rehabilitative care.

This application package includes all necessary forms to apply for or to renew a Rehabilitation Permit. You must complete all required forms and return the application package to: Ohio Division of Wildlife, Attn: Permits-Rehabilitation, 2045 Morse Rd., Bldg. G-3, Columbus, OH 43229-6693. **Requests to amend permits must be made in writing to the address above or to the following email: wildlife.permits@dnr.state.oh.us.**

FORMS TO BE SUBMITTED IF:		NEW		RENEWAL	
		CATEGORY I	CATEGORY II	CATEGORY I	CATEGORY II
Application: General Information (pg1)	DNR 8987	✓	✓	✓	✓
Application: DWA Acknowledgement (pg2)	DNR 8987	✓	✓	✓	✓
Course Work	DNR 9001	✓	*	*	*
Veterinarian Assistance Voucher	DNR 8960	✓	✓	✓	✓
Sub-permittees (one form per sub-permittee)	DNR 8998	*	*	*	*
Annual Year End Report	DNR 9019		✓	✓	✓
Facility	DNR 9002	✓	✓		
Experience	DNR 9022	✓	✓		
Species Authorization	DNR 9060		✓	*	*

✓ = required materials * = if applicable

Completing the application does not ensure you will be issued a
 Rehabilitation Permit from the Ohio Division of Wildlife.



WILDLIFE REHABILITATION PERMIT APPLICATION

Submit to: Ohio Division of Wildlife, Attn: Permits-Rehabilitation
2045 Morse Road, Building G-3, Columbus, OH 43229-6693

This Application is for a: (check one) New Permit (CATEGORY I or CATEGORY II)
 Permit Renewal (CATEGORY I or CATEGORY II) PERMIT No: _____

FULL NAME SOCIAL SECURITY NUMBER DATE OF BIRTH (mo/dy/yr)

STREET ADDRESS

CITY STATE ZIP CODE COUNTY

() ()
PUBLIC TELEPHONE (with area code) PRIVATE TELEPHONE (with area code)

NAME OF REHABILITATION ORGANIZATION YOU REPRESENT

FACILITY MAILING ADDRESS (if different from above) COUNTY

E-MAIL ADDRESS (please print neatly)

RABIES

Rabies is a fatal disease that can be effectively prevented by vaccination.

Do you (or your sub-permittees or volunteers) handle rabies-vector species? Yes or No

If yes, I am a Category II wildlife rehabilitator and have completed a rabies-vector species training course and received a rabies pre-exposure vaccination or had my titer check on _____(mo/dy/yr). I accept all responsibility for injury and/or illness to myself, subpermittees, or volunteers who may be exposed while caring for rabies-vector species.

DANGEROUS WILD ANIMAL SPECIES ACKNOWLEDGMENT (DWA)

A Wildlife Rehabilitation permit is a mechanism designed to permit qualified persons to rehabilitate orphaned or injured native wild animals for the purpose of releasing the wild animal back to the wild. The Chief of the Division of Wildlife will not issue permits for Dangerous Wild Animal (DWA) species (ORC 935.01) except native DWA, required for specific projects. The permit issued by the Chief does not relieve the permittee of any responsibility to obtain a permit pursuant to O.R.C. Chapter 935 except as specified for the animals and purposes permitted herein. The permittee must adhere to all additional requirements under O.R.C. Chapter 935.

REQUIRED

I currently possess a DWA as defined in ORC 935.01: Yes No

If yes, my DWA is independently properly permitted through the Ohio Department of Agriculture pursuant to ORC 935.06 or 935.08: Yes No

If yes, attach list describing species, quantity and purpose.



WILDLIFE REHABILITATION PERMIT COURSE WORK

CATEGORY I AND CATEGORY II

In the space below, new applicants must list course work pertaining to rehabilitation you have attended and attach a copy of certificates/proof of completion for each. For renewals, list course work pertaining to rehabilitation you have attended and attach a copy of certificates for courses attended since the last application.

COURSE TITLE: _____		
BRIEF DESCRIPTION OF COURSE _____		
INSTRUCTOR / SPONSOR _____	LOCATION _____	DATE _____

COURSE TITLE: _____		
BRIEF DESCRIPTION OF COURSE _____		
INSTRUCTOR / SPONSOR _____	LOCATION _____	DATE _____

COURSE TITLE: _____		
BRIEF DESCRIPTION OF COURSE _____		
INSTRUCTOR / SPONSOR _____	LOCATION _____	DATE _____

COURSE TITLE: _____		
BRIEF DESCRIPTION OF COURSE _____		
INSTRUCTOR / SPONSOR _____	LOCATION _____	DATE _____



WILDLIFE REHABILITATION PERMIT SUB-PERMITTEES

Submit to: Ohio Division of Wildlife, Attn: Permits-Rehabilitation
2045 Morse Road, Building G-3, Columbus, OH 43229-6693

A wildlife rehabilitator, who possesses wildlife for a permit holder at a site other than the permit holder's wildlife rehabilitation facility for more than 48 hours, must be named as a sub-permittee. Wild animals must be received at the permit holder's facility prior to being moved to a sub-permittee's facility. A sub-permittee shall not accept wildlife from the public for direction admission into their own facility.

SUB-PERMITTEE INFORMATION

LAST NAME

FIRST NAME

PHONE NUMBER

EMAIL ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

NAME OF PERMIT HOLDER

check one: CATEGORY I CATEGORY II

NAME OF REHABILITATION ORGANIZATION

RABIES

Rabies is a fatal disease that can be prevented by vaccination.

Do you handle rabies-vector species? (please check one) Yes No

If yes, I am a sub-permittee under a Category II permit holder and have completed a rabies-vector training course and received a rabies pre-exposure vaccination or had my titer check on ____ / ____ / ____ (mo/dy/yr). I accept all responsibility for injury and/or illness that I may be exposed to while caring for rabies-vector species.

ACKNOWLEDGMENTS (please initial)

- _____ I understand that I must meet all conditions stated in Publication 5475 Minimum Standards for Wildlife Rehabilitation and Ohio Administrative Code (OAC) Section 1501:31-25-03.
- _____ I will keep a copy and follow conditions of the permit holder's permit on the premises while working as a sub-permittee.
- _____ I understand that my property is subject to inspection. Per OAC 1501:31-25-03, Rehabilitation Permit holders are required to provide proper facilities for all wild animals in their care.

SUB-PERMITTEE'S SIGNATURE

DATE

I acknowledge all above statements from the sub-permittee applicant are true
and I authorize named individual to be a sub-permittee under my permits.

PERMIT HOLDER'S SIGNATURE

DATE

FOR OFFICAL USE ONLY

ACTIVE (DATE)

INACTIVE (DATE)

INSPECTED (DATE)



WILDLIFE REHABILITATION PERMIT ANNUAL YEAR END REPORT

CATEGORY I AND CATEGORY II MAMMALS / REPTILES / AMPHIBIANS

FULL NAME _____

PERMIT No. _____

YEAR _____

Per Ohio Administrative Rule 1501:31-25-03 rehabilitation permit holders are required to maintain records of all wild animals in their care. If you have held a permit previously, please list all **MAMMAL/REPTILE/ AMPHIBIAN** species rehabilitated in the past twelve months.

Species of MAMMALS / REPTILES/ AMPHIBIANS received	TOTAL NUMBER of each species received	FINAL DISPOSITION					
		* Indicate the total number for each category					
		R	T	E	P	C	D
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

* FINAL DISPOSITION CODES:

R = Released	T = Transferred to another rehabilitator	E = Euthanized	P = Pending	C = Education Animal	D = Died
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Please submit a copy of your U.S. Fish & Wildlife Service annual report for migratory bird species.



WILDLIFE REHABILITATION PERMIT SPECIES AUTHORIZATION

CATEGORY II ONLY

The DOW will provide final authorization on your permit of all taxa that may be rehabilitated at your facility. Please check the boxes below for the taxa you are currently rehabilitating and those you would like to add. For proposed additions, only check the boxes for the taxa you are interested in caring for and qualified per the Minimum Standards (Publication 5475). Facility requirements must be met prior to accepting wild animals for rehabilitation. A Federal Migratory Bird Permit is required for possession and rehabilitation of migratory birds and an Endangered Species Permit is required for federally endangered species.

SPECIES GROUP	CURRENT PERMIT	PROPOSED ADDITION
Migratory birds	<input type="checkbox"/>	<input type="checkbox"/>
Mammals	<input type="checkbox"/>	<input type="checkbox"/>
Fawns	<input type="checkbox"/>	<input type="checkbox"/>
Reptiles	<input type="checkbox"/>	<input type="checkbox"/>
Amphibians	<input type="checkbox"/>	<input type="checkbox"/>
Rabies-vector species* <input type="checkbox"/> Bats <input type="checkbox"/> Fox <input type="checkbox"/> Raccoon <input type="checkbox"/> Skunk	<input type="checkbox"/>	<input type="checkbox"/>

Other: (list below)		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Endangered Species: (list below)		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any other relevant information regarding your request: _____

* Rabies-vector species authorization has additional requirements. See Publication 5475, Minimum Standards for Wildlife Rehabilitation in Ohio. The DOW may remove taxa from permits or revoke permits as required.